



Baldvis Emergency Vet

Referral Letter

Referring Veterinarian Information:

Veterinarian's name

Clinic name and email

Phone number

Veterinarians after hour contact details (not required)

Client information:

Owner's name

Phone number

Address of client

Email address

Patient information:

Patient's name

Species, Breed and age

Presenting problem

Reason for referral

Diagnostic findings

Medications

If the patient deteriorates overnight:

Contact the referring vet

Please return the patient to us in the morning for ongoing care (tick if yes)

If yes, please have owners consent

Would you like us to perform any diagnostics or surgery where required?

(tick if yes)

Please send your client with this referral form and phone us on 9524-1466 to let us know they are coming. Please email the history and any diagnostic results to info@baldvisvet.com.au

The history will be emailed to your reception in the morning.

Thank you for your referral.