

**Southern Cross Veterinary Clinic**

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**VETERINARY REFERRAL FORM**

**CLIENT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME TELEPHONE:** \_\_\_\_\_

**WORK TELEPHONE:** \_\_\_\_\_

**CELL:** \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_

**BREED:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **SPAYED/NEUTERED: YES** \_\_\_\_\_ **/NO** \_\_\_\_\_

**REFERRING VET PLEASE COMPLETE THE FOLLOWING:**

**NAME OF REFERRING VET:** \_\_\_\_\_

**NAME OF REFERRING PRACTICE:** \_\_\_\_\_

**PATIENT IS REFERRED FOR:**

**PHYSICAL REHABILITATION**

**ACUPUNCTURE**

**VETERINARY CHIROPRACTIC**

**PAIN MANAGEMENT**

**EXERCISE/CONDITIONING**

**REASON FOR REFERRAL:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HISTORY/MEDICAL CONDITIONS (PLEASE FORWARD ANY TEST RESULTS):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CURRENT TREATMENTS/MEDICATIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERTINENT INFORMATION REGARDING THE CASE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AS THE REFERRING VET, I UNDERSTAND THAT I REMAIN THE PRIMARY CARE PROVIDER**

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_