

NORTH SHORE VETERINARY SPECIALIST CENTRE

64 Atchison Street (Cnr Oxley St) Crows Nest 2065

Telephone 9436 4884 Facsimile 9906 5710

Referral To: Dr: _____

Referral Client: _____

Referral Patient: _____

Signalment: _____

Clinical History: _____

Please attach any relevant clinical pathology or radiographs etc.

Referring Practitioner: _____

Veterinary Hospital: _____

Address: _____

Telephone: _____

Facsimile: _____

How would you prefer to be contacted for follow-up? Phone / Letter / Fax.

