

Referral Form for Veterinarians

Date of Referral: _____

Name and contact details of Referring Vet: _____

Name of Client: _____

Client Address: _____

Client Phone Number(s): _____

Horse's Name: _____ **Breed:** _____ **Age:** _____

History and Clinical Signs:

Treatment Given by Referring Vet/Owners prior to referral (including quantities of all medications and times given):

Expected Time of Arrival at the Canterbury Equine Clinic and Method of Transportation to Clinic:

PLEASE FAX THIS REFERRAL FORM TO: 03 349 2137

Thank you for referring the horse to the Canterbury Equine Clinic. We will contact you with updates regarding this case.