



BRISBANE BIRD & EXOTICS
VETERINARY SERVICE
Quality Care in Sickness and in Health

REFERRAL FORM

OWNER INFORMATION

Owner's name.....

Address

Phone: Home..... Work..... Mobile.....

Email

PATIENT INFORMATION

Patient name.....

Species

Breed.....

Age..... Sex.....

REFERRING VETERINARIAN INFORMATION

Veterinarian's name.....

Clinic.....

Address

Phone..... Fax.....

Email

Preferred Method of Communication Phone/Fax/Letter

CLINICAL HISTORY

Pathology Results Attached

Radiographs Attached

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THERAPY TO DATE

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Please phone for an appointment time.

ph: 3420 6773 fax: 3420 6670
cnr Kessels Rd & Springfield St
Macgregor QLD 4109
www.bbevs.com.au
ABN 49 602 402 396



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