



**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

.....

.

.....

.

.....

.

.....

.

.....

.

**THERAPY TO DATE**

.....

.

.....

.

.....

.

.....

.

.....

.

Please phone for an appointment time and email this form to  
reception@bbevs.com.au

ph: 3217 3533 fax: 3217 4566

191 Cornwall Street

Greenslopes QLD 4120

[www.bbevs.com.au](http://www.bbevs.com.au)