



# OUTPATIENT SERVICE REFERRAL FORM



THE ANIMAL HOSPITAL + THE SPECIALIST CLINIC

Welcome to Brisbane Veterinary Specialist Centre.  
We appreciate your referral and thank you for trusting us  
with the care of your clients' pets.

## REFERRING VETERINARIAN DETAILS

Referring Veterinarian \_\_\_\_\_

Referring Practice \_\_\_\_\_

Address \_\_\_\_\_

Client Name \_\_\_\_\_

Client Phone Number/s \_\_\_\_\_

Patient Name \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_

## SERVICE REQUESTED

Abdominal Ultrasound

Cardiac Ultrasound

ECG

EPIC Cardiac  
Ultrasound

## BRIEF HISTORY (Reason for requesting diagnostics)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I Dr \_\_\_\_\_ **give / do not give** (please circle the appropriate choice) permission for  
Brisbane Veterinary Specialist Centre to administer to my patient acepromazine and butorphanol for a dog,  
tiletamine/zolazepam for a cat for the purpose of sedating the above described patient under my care for ultrasound.  
\*If the patient cannot be sedated or an alternative is requested please detail in history section, most examinations do  
not require sedation.

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

## BRISBANE VETERINARY SPECIALIST CENTRE

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