



The Vet Practice & Veterinary Integrative Medicine Centre

Referral Services:

Imaging
Surgery

[X-Rays, Ultrasound, CT]
[Orthopaedic, Laparoscopy, Arthroscopy,
Minimally invasive]

Integrative Services

Acupuncture, Rehabilitation, Stem Cell
Procedures, Regenerative Medicine

Referral Form

Owner Details:

Patient Details: Dog Cat Male Female

Name _____

Name _____

Address _____

Breed _____

Phone _____

Age _____

Email _____

Preferred contact method: SMS Phone: Email

Regular Vet Contact details:

Clinic Name: _____ Phone: _____

Veterinarian Name: Dr _____

Email for document forwarding: _____

Brief History of patient and Reason for Referral (Please attach relevant Vet History, Lab reports or X-Rays)

Your Appointment

We will contact you to organise an appointment for a time the relevant vet is available to perform the requested service.

IMPORTANT INFORMATION ABOUT OUR SERVICES

We are NOT Specialists.

It is important for you to know that we are not veterinary Specialists however we are able to provide these services due to both experience and further education in these areas. Referral to a Veterinary Specialist may still be recommended after our assessment of your pet's condition