



The Skin Vet
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CLIENT REFERRAL FORM

Please email this completed form to theteam@theskinvet.co.nz and ensure any test results (especially histopathology) are attached.

CLIENT INFORMATION

Title
Name
Phone (Home) Phone (Work)
Phone (Mobile)
E-mail (Required)
Address

PATIENT INFORMATION

Name
DOB/Age
Species Canine Feline
Other (please specify)
Breed
Sex M F Desexed Y N

REFERRING VETERINARIAN

Name

Phone

Fax

E-mail (Required)

Clinic Address

Referral Information - Please e-mail a full history (including blood tests and histopathology results if applicable) with this form.

Problem(s) for which the animal is being referred

Diagnostic Tests/
Results

Treatments and response
(please indicate current treatment)

Medical histories can be e-mailed to theteam@theskinvet.co.nz
or faxed to (09) 523 6753.

Thanks for the referral!