



# Veterinary Specialists of Sydney

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

## Referral form

Thank you for choosing Veterinary Specialists of Sydney (VSOS). *Our goal is to help you provide high quality, affordable and convenient specialist care within your veterinary practice.*

### Referring Veterinarian Information:

Hospital: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Best time and method to contact you: \_\_\_\_\_

Veterinarians email address: \_\_\_\_\_

### Owner information

First/Last Name: \_\_\_\_\_

Home Phone/s: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

### Patient information

Name: \_\_\_\_\_

Species: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

Pertinent history: \_\_\_\_\_

\_\_\_\_\_

### Diagnostics: (can append medical record and/or summarize below)

Blood work: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Radiographs: \_\_\_\_\_ Date: \_\_\_\_\_

Ultrasound: \_\_\_\_\_ Date: \_\_\_\_\_

Other (eg culture): \_\_\_\_\_

Medications/Treatments: \_\_\_\_\_

\_\_\_\_\_

Recommended surgery: \_\_\_\_\_

Please return this form and attach any relevant medical records, radiographs and laboratory tests pertaining to surgery. This can be done preferably via email ([info@vsos.com.au](mailto:info@vsos.com.au)), or via fax or through our website.

Please call us for any questions or for scheduling surgery. Additional information regarding the VSOS surgical plan may be found on our website. We aim to efficiently communicate with you and help schedule your patient's surgery.

