



## **Owner Self-Referral Form**

### **Owner Details**

Full Name:

Address:

Contact Number:

Email Address:

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### **Patient Details**

Pet's Name:

Breed:

Date of Birth / Approximate Age:

General Health History:

Reason for Referral:

Current Medication(s):

Insurance Details

(Insurance Company and Policy Number):

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### **Current Veterinary Practice**

Practice Name:

Practice Contact Details:

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### **Medical Records**

If you have a copy of your pet's medical history from your veterinary practice, please attach it below.

Alternatively, we can contact your current veterinary practice directly to request your pet's medical records. Please note that most practices require owner consent before releasing records, so you may need to contact your vet to authorise this request.

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### **Appointment Information**

Once we receive your referral request, a member of our team will contact you to discuss the consultation and arrange an appointment. We aim to respond and schedule appointments within 1 working day of submission.

If your pet requires urgent medical attention, please contact the practice directly by telephone.