Veterinary Specialist Services

Shop 14, "Hometown"
Cnr Lexington and Logan Roads
Underwood Q 4119 Australia

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Fax: +61 7 3841 7022
Email for Referrals: *referrals@vss.net.au*
Website: *www.vss.net.au*

Veterinary Specialist Services Pty Ltd
ABN: 29 093 815 359

REFERRAL FORM

MEDICINE

Dr B Mackay
BVSc FACVSc (Specialist)
Dr T King
BVSc MACVSc
Dr A Thompson
BVSc MACVSc DipACVIM (Specialist)
Dr R Fliegner
BVSc FACVSc (Specialist)
Dr S Walton
BVSc MACVSc
Dr W Agnew
BVSc

SURGERY

Dr KR Smith
BVSc FACVSc (Specialist)
Dr P Moses
BVSc Cert SAO FACVSc (Specialist)
Dr J Mouatt
BVSc FACVSc (Specialist)
Dr G Corfield
BVSc (Hons) FACVSc (Specialist)
Dr J Lunn
BVSc MACVSc

DERMATOLOGY

Assoc. Prof. M Shipstone
BVSc FACVSc DipACVD (Specialist)
Dr F Bateman BVSc

DENTISTRY

Assoc. Prof. G Wilson
BVSc MVSc MACVSc
Dr A Forsayeth
BVSc MACVSc

CARDIOLOGY

Dr B Gavaghan
BVSc FACVSc (Specialist)
Dr F Campbell
BVSc PhD MACVSc DipACVIM (Specialist)

OPHTHALMOLOGY

Dr M Bernays
BVSc FACVSc (Specialist)
Dr V Liddle
BVSc MACVSc

ANIMAL PHYSIOTHERAPY

Lindsey Connell
MCSP MAnimSt (Animal Physiotherapy)

ANAESTHESIA CONSULTANT

Dr B Dixon
BVSc (Hons) MACVSc (Anaesthesia & Critical Care)

Reason for referral: _____

Date: _____ **Referred to:** _____

Owner Details:

Name: _____

Address: _____

Telephone: _____

Pet Details:

Species: _____ Breed: _____

Age: _____ Sex: _____ Name: _____

History: *(Please complete or attach separate history and fax prior to appointment)*

_____

_____

_____

Treatment to Date:

_____

_____

_____

_____

Enclosures: ☐ Laboratory Reports ☐ Radiographs ☐ Other

Referring Veterinarian: _____ Clinic: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Preferred contact times: _____

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VSS - UNDERWOOD

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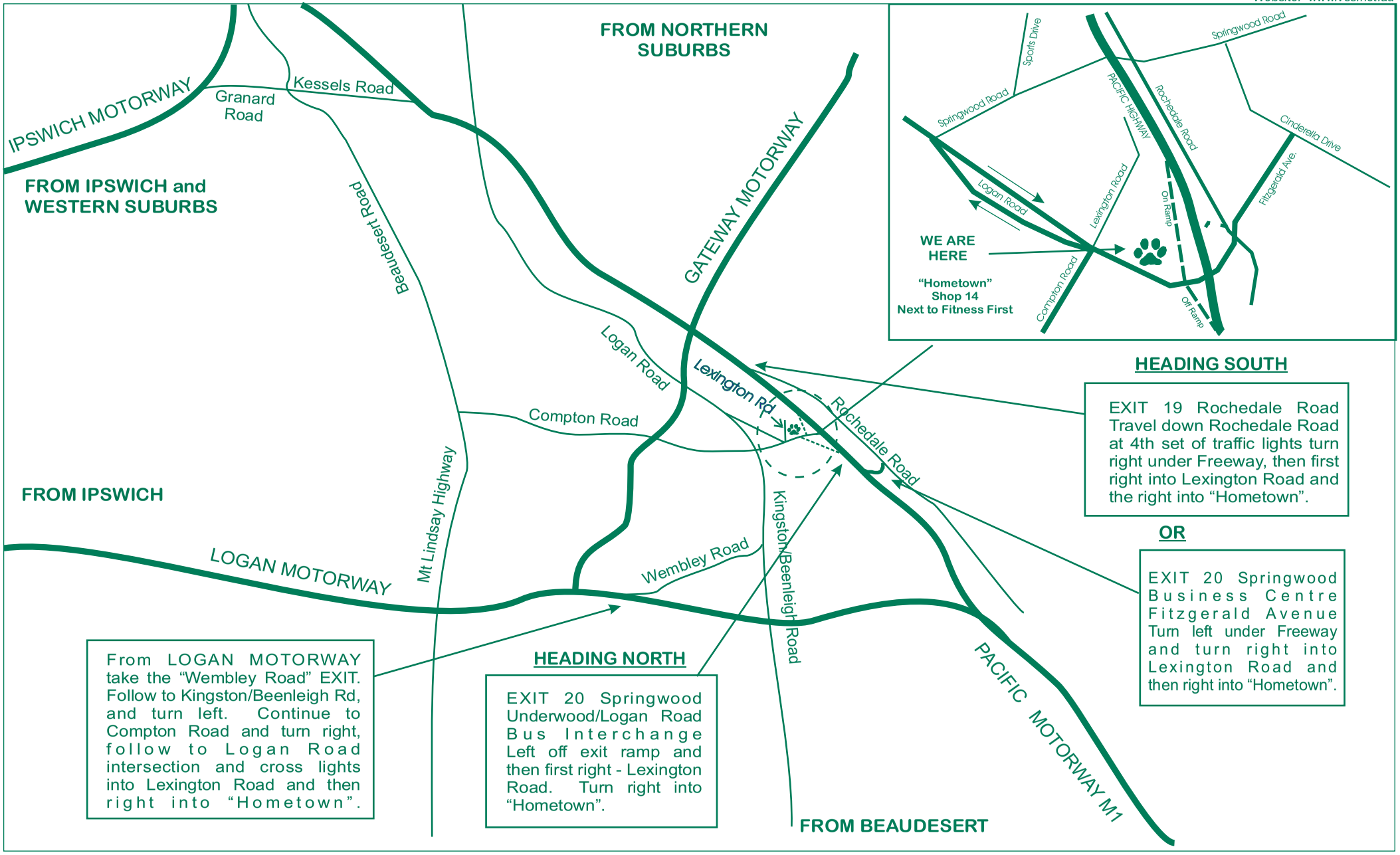
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