

Cnr Delhi & Plassey Rds
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APPOINTMENT DETAILS

Date _____ Time _____ Appointment with Dr _____

Please arrive 10 minutes before your appointment time to allow preparation of the medical record.

OWNER

Name: _____

Address: _____

Postcode _____

Home Phone () _____

Work Phone () _____

Mobile _____

REFERRING VETERINARIAN

Name: _____

Practice: _____

PATIENT

Patient Name _____ Breed _____

Colour _____ Sex _____ Desexed Yes / No _____ Age _____ Weight _____

CASE SUMMARY

Lab Reports Attached

Radiographs Attached

Please note payment in full by cash, EFTPOS, cheque, Visa, Mastercard or Amex is required at the time of service. No accounts will be issued.

I acknowledge that all accounts must be settled at the time of service or when my animal is discharged from hospital.

Signed _____

Date _____

OFFICE USE ONLY

Telephoned Referring Vet: _____

Referral Letter: _____

Dictated: _____