The Dog Paddle
Canine Hydrotherapy Centre

Greencross Vets
Passionate about Pets

REFERRAL FORM

Patient Name: _____ Breed: _____ Age: _____ Sex: _____

Owner's Name: _____

Address: _____ Suburb: _____

Phone: _____ Mobile: _____

Referring Veterinary Clinic: _____Phone: _____

Email: _____ Referring Vet: _____

Reason for referral: _____

Diagnosis / Presenting Complaints: _____

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Investigation Results: _____

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Precautions / Contraindications (Including any cardiac/respiratory disease, recent infections, circulatory disorders, incontinence etc):

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Please email to referral and FULL patient history to greencross.oceanreef@greencrossvet.com.au

Greencross Vets Ocean Reef
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Phone (08) 9401 0663
www.greencrossvets.com.au/vets/ocean-reef