



southpaws
SPECIALTY SURGERY FOR ANIMALS

Please visit our website (www.southpaws.com.au) and download our admission form before you come in.

Please fast your pet from 10 pm the night before the appointment unless directed otherwise.

Reason for referral: _____ Date: _____

Referring hospital name: _____

Dr.: _____ Phone: _____

Client name: _____

Phone: _____ Patient name: _____

Relevant clinical findings/diagnosis: _____



- Physiotherapy
- Cardiology
- Surgical Oncology
- Radiation Oncology
- Orthopaedic Surgery
- Soft Tissue Surgery
- Neurosurgery
- Minimally Invasive Surgery
- Reconstructive Surgery
- Cardiac Surgery
- Advanced Imaging
- Internal Medicine

Referral to (please circle):
Surgery Internal Med
Radiation