

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 M Davies
BVSc MACVSc
Dr W Agnew
BVSc
Dr K Farquharson
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 MACVSc

DENTISTRY

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

CARDIOLOGY

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

OPHTHALMOLOGY

EYE CARE FOR ANIMALS

Dr D Brudenall
MA VetMB Cert VR MVS
CertVOphthal FACVSc
(Specialist)

**ANIMAL
PHYSIOTHERAPY**

Lindsey Connell
MCSP MAnimSt
(Animal Physiotherapy)

**ANAESTHESIA
CONSULTANT**

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

Dr A Martyn
BVSc (Hons) MACVSc

INTERNS - 2010

Dr M Loke BVSc
Dr J Pieris BVSc
Dr M Scrivens BVSc
Dr D Spowart BVSc
Dr C Tran BVSc
Dr J Wetzel BVSc

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: _____

REFERRAL FORM - CARRARA

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Carrara Q 4211 Australia
PHONE: +61 7 5530 6370
Fax: +61 7 5559 1308
Email: vssgoldcoast@vss.net.au

