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Radioactive Iodine 131 Treatment Referral Form

Date Referral Sent: _____

Client Full Name: _____

Address: _____

Phone Number: _____

Alternate Phone: _____

Email Address: _____

Cat's Name: _____

Sex: _____

Age/DOB: _____

Breed: _____

Colour: _____

Cat's Current Weight/Date Weighed: _____

Initial T4 Result: _____

Thyroid Glands Palpable? If so, approximate size: _____

Kidney Enzyme/USG Results: _____

Current Medications: _____

Referring Veterinary Clinic: _____

Referring Veterinarian: _____

Phone Number: _____

Email Address: _____

Once completed, please email this form back to McMaster & Heap Veterinary Clinic.
We will endeavor to be in contact with the client within 7 days.
Thank you for your referral ☺