

Date: \_\_\_\_\_  
 Client: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Patient: \_\_\_\_\_ Breed: \_\_\_\_\_ Species:  Canine  Feline  
 Sex:  Female  Male  Spayed/Neutered Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_

Referring DVM: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Referring Clinic: \_\_\_\_\_ Email: \_\_\_\_\_  
 Preferred Contact Method:  Phone  Fax  Mail  Email

Referred to:  Cardiology  Emergency  Internal Medicine  Oncology  
 Radiology  Surgery

Problem/Tentative Dx: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Brief Summary of History + Findings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Treatments/Medications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Laboratory Data:  Attached  Tests pending \_\_\_\_\_

Radiographs with client:  CD  Flat films  None



Thank you for your referral. Please do not hesitate to contact us with any questions or comments on this case.