

**Referral Form** Date \_\_\_\_\_

Internal Medicine \_\_\_\_\_ Surgery \_\_\_\_\_ Cardiology \_\_\_\_\_ Dermatology \_\_\_\_\_

**Client Information** (please assist us by printing)

Owner's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Animal's Name \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Color \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

Vaccination Status: Rabies Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DHLPP Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

FVRCP Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Other: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

History/Clinical Signs/Problems \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past medical conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current treatment(s) / Medications: *drugs, dosages, frequency and duration* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Veterinarian \_\_\_\_\_

Clinic/Practice \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell (if available) \_\_\_\_\_

**Please attach pertinent copies of Laboratory results and Radiology results.**

*Thank you for your referral to Virginia Veterinary Specialists*