VIRGINIA Veterinary SPECIALISTS

370 Greenbrier Drive Suite B
Charlottesville, VA 22901

O: 434-202-2987
F: 434-260-3822

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