



Referring Veterinarian Form

Referring Veterinarian's Name: _____

Referring Veterinarian's Practice Name: _____

Referring Veterinarian's Phone Number: _____

Referring Veterinarian's Email: _____

Are there any major concerns?

What is the patient being referred for?

Patient's Name: _____

Species: _____ Sex: _____ Male _____ Female



Referring Veterinarian Form

Along with the form, please send us medical records and any diagnostic tests, including radiographs, as this saves us and the patient vital time in our assessment. Once we see the patient for their medical condition, we will share with you our findings including any procedures we performed, medications we gave, or tests we did, so that you can continue to provide to them their wellness care needs.

Please feel free to call us at (817) 953-8560 to speak with our veterinarians about your patient and their needs. We are more than happy to talk things over with you!

We ask for the following:

- **Medical Records**
Please provide all medical records along with this form.
- **Diagnostic Tests**
Please provide any diagnostic tests, including radiographs, along with the form on the previous page.
- **Medications**
In the space below, please list all the patient's medications and dosages.