



# Veterinarian Referral Form

76 Baptist St, Swansea, MA 02777

P: 508-379-1233

F: 508-379-1102

E: baystate@bsvess.com

Date: \_\_\_\_\_

6SHD6HYHV

**Internal Medicine**

Gary Block DVM, MS, DACVIM

**Surgery**

M. Faulkner Besancon, DVM, DACVS  
Amanda Panissidi, BVMS

**LWLFDDH**

Lwuvkpg"Lqjpuqp."FXO."FCEXGEE  
Pcvnkg"Tqugpuvgkp."FXO."FCEXGEE

**Emergency Clinicians**

Danee Desrochers, DVM

Jenni Huelsman, DVM

Ann Klocke, VMD

Taylor LaFountain, DVM

Lindsay Miller, DVM

Meredith Nelson, DVM

Shelly Pancoast, DVM

Kelly Pandolpho, DVM, MPH Lisa

Rosenkrans, DVM

Jessica Van Loon, DVM

Ally Wright, DVM

**Service to which referred (circle one):**    Emergency    Internal Medicine    Surgery    Outpatient Echo

**Client Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Patient Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Patient History:** \_\_\_\_\_

**Spayed or Neutered: Y / N**

**Diagnosis / Chief Complaint:** \_\_\_\_\_  
\_\_\_\_\_

**Significant History / Treatments:** \_\_\_\_\_  
\_\_\_\_\_

**Diagnostics Performed:** \_\_\_\_\_  
\_\_\_\_\_

(Please send radiographs & copies of test results with client or email or fax copies with referral form)

**Are radiographs being sent?**    Y / N

**Tests pending (list):** \_\_\_\_\_

**Current or Recent Medication or Therapy (include dosage/duration):** \_\_\_\_\_  
\_\_\_\_\_

**Referring Veterinarian Information:**

**Name:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_