



# Veterinarian Referral Form

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

### Specialty Services

#### Internal Medicine

Gary Block DVM, MS, DACVIM

#### Surgery

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

#### Critical Care

Justine Johnson, DVM, DACVECC  
Natalie Rosenstein, DVM, DACVECC

#### Emergency Clinicians

Danee Desrochers, DVM  
Jenni Huelsman, DVM  
Ann Klocke, VMD  
Taylor LaFountain, DVM  
Lindsey Miller, DVM  
Meredith Nelson, DVM  
Shelly Pancoast, DVM  
Kelly Pandolpho, DVM, MPH  
Lisa Rosenkrans, DVM  
Jessica Van Loon, 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:** \_\_\_\_\_