

Veterinarian Referral **Form**

463 Swansea Mall Dr, Swansea, MA 02777

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Specialty Services

______ Fax:_

<u>Specially Services</u>		
Internal Medicine Gary Block DVM, MS, DACVIM Lauren Monhait, DVM Caylie Voudren, MS, DVM, DACVIM (SAIM) Sara Wilkes, DVM		Surgery stient Ultrasound
<u>Surgery</u> Lori Agulian, DVM, DACVS M. Faulkner Besancon, DVM, DACVS	Client Name:	
Medical Oncology Amy Koterbay, BVMS, MS, DACVIM	Address:	
<u>Radiation Oncology</u> Kevin Ware, DVM, ACVR-RO	Talanhana number:	
<u>Critical Care</u> Justine Johnson, DVM, DACVECC Natalie Rosenstein, DVM, DACVECC	Telephone number: Patient Name:	
Emergency Clinicians Danee Desrochers, DVM Jenni Huelsman, DVM Ann Klocke, VMD Taylor LaFountain, DVM	Patient Breed: Sex:	
Lindsey Miller, DVM Meredith Nelson, DVM Shelly Pancoast, DVM Karolina Preisner, DVM Robert Sander, DVM Aubrey Sapala, DVM Jessica Suarez, DVM Jessica Van Loon, DVM Shawni Wall, DVM	Patient History: Spayed or Neutered: Y / N Diagnosis / Chief Complaint:	
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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		
Current or Recent Medication or		
Therapy (include dosage/duration):		
Referring Veterinarian Information:		
Name:	Clinic:	

_ Email:_