



# Veterinarian Referral Form

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## Specialty Services

### Internal Medicine

Gary Block DVM, MS, DACVIM

Lauren Monhait, DVM

Caylie Voudren, MS, DVM, DACVIM  
(SAIM)

Sara Wilkes, DVM

### Surgery

Lori Agulian, DVM, DACVS

M. Faulkner Besancon, DVM, DACVS

### Medical Oncology

Amy Koterbay, BVMS, MS, DACVIM

### Radiation Oncology

Kevin Ware, DVM, ACVR-RO

### Critical Care

Justine Johnson, DVM, DACVECC

Natalie Rosenstein, DVM, DACVECC

### Dermatology

Carolyn Emery, DVM, DACVD

### Emergency Clinicians

Danee Desrochers, DVM

Jenni Huelsman, DVM

Ann Klocke, VMD

Taylor LaFountain, DVM

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

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

**Service to which referred (circle one):**    Emergency    Internal Medicine    Surgery  
 Medical Oncology    Radiation Oncology    Outpatient Echo    Outpatient Ultrasound    Dermatology

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 &amp; 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: \_\_\_\_\_