



Veterinarian Referral Form

463 Swansea Mall Dr, Swansea, MA 02777

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F:508-379-1102

E: baystate@bsvess.com

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
Lindsey Lavin, DVM

Medical Oncology

Amy Koterbay, BVMS, MS,
DACVIM

Radiation Oncology

Kevin Ware, DVM, ACVR-RO

Critical Care

Justine Johnson, 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 & 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:** _____