



Patient Referral Form

Please complete the pertinent portions of this form and fax back to 239-949-0232. Please attach all relevant records, including labwork and radiographs. Thank you for trusting us with your patient care.

Referring Veterinarian: _____

Veterinary Hospital: _____

Preferred method of contact:

Phone: _____ Fax: _____ email: _____

Referral to:

Cardiology Emergency/Critical Care Internal Medicine/Oncology

Urgency: Emergency ASAP: 2-3 days Routine Consult: Rads, ECG, other

Records/lab results will be:

Faxed Sent with client

Radiographs will be:

Emailed/Mailed Sent with client

Client information:

Name: _____ Phone number: _____

Patient information: Dog Cat Other _____

Pet's name: _____ Age: _____ Breed: _____ Sex(circle): M MN F FS

Reason for referral: _____

Pertinent history: _____

Diagnostic tests performed/pending (please attach copies): _____

Current treatments and/or medications: _____

Preferences for this case:

Complete diagnostic workup & treatment Partial diagnostics & treatment: _____
 Overnight care only. Return to my hospital in the morning Interdepartmental referral is OK.