



Dallas Veterinary Specialists  
6150 E. Mockingbird, Suite 201  
Dallas, TX 75214  
T. 214.828.5800 Fax. 469.334.0230

# SURGERY REFERRAL FORM

## REFERRAL INSTRUCTIONS:

Referrals require appointments. Please call (214) 828-5800 to schedule an appointment. This form, along with medical records, diagnostic test results, and radiographs (if applicable) are required before the initial consultation. Please PRINT or TYPE your responses.

**\*\*\*\*\* Please send referral form along with all medical records, diagnostic test results, and radiographs by fax to (469) 334-0230 or email ([dvs11@outlook.com](mailto:dvs11@outlook.com)).**

**APPOINTMENT STATUS:** Routine    Urgent (2-4 business days)    Emergency

## REFERRING VETERINARIAN/CLINIC

Name of referring DVM/VMD \_\_\_\_\_

Veterinary Clinic \_\_\_\_\_

Address/State/Zip Code \_\_\_\_\_

Tel ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

How should we send our records to you?     Email     Fax     Mail

## OWNER INFORMATION

Name \_\_\_\_\_

Address/State/Zip Code \_\_\_\_\_

Phone Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email \_\_\_\_\_

## PATIENT INFORMATION

Pet's name \_\_\_\_\_ Species \_\_\_\_\_

Sex \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

**PATIENT CASE HISTORY**

**Presenting complaint/chief medical concerns:**

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**Provisional diagnosis:**

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**Current diagnostic testing (labs, radiographs, ECG, etc.):**

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**Pre-existing conditions / other medical conditions?**

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**DISCHARGE**

Upon discharge, a copy of the discharge instructions, giving a summary of our findings, recommendations, and follow-up instructions will be sent to the referring veterinarian via preferred method of communication.