



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

REFERRAL FORM

Referral Instructions

Referrals require appointments. Please call 214-828-5800 to schedule. This form and medical records should be in the hands of the receiving veterinarian before the animal arrives at *Dallas Veterinary Specialists*. Please PRINT or TYPE your responses. Along with this referral form, pertinent medical records can be faxed to 469-334-0230. If client or referring veterinarian does not call within 48 hours, we will try to contact client to make an appointment.

Service Requested: Internal Medicine Dermatology Surgery

Appointment Status: Routine Urgent Emergency

Referring Veterinarian/Clinic

DATE ____/____/____

Names of referring DVM/VMD _____

Veterinary Clinic _____

Address/State/Zip _____

Tel (____) _____ Fax (____) _____ Email _____

Pet Owner's Name/Contact

Name _____

Address/State/Zip _____

Tel #s: Home(____) _____ Work(____) _____ Cell(____) _____

Patient Information

Animal's name _____ Species _____

Breed _____ Color _____ Age _____ Sex _____

Patient Case History

(If necessary, attach additional sheets.)

Presenting complaint/chief medical concerns

Provisional diagnosis

Current diagnostics (labs, radiographs, ECGs/Treatments/Medications, with dosages)

DISCHARGE

Upon discharge, a copy of the pet owner's discharge instructions, giving a summary of the *Dallas Veterinary Specialist's* findings, recommendations, and follow-up instructions will be faxed or mailed to the referring veterinarian.