



REFERRAL FORM

CLIENT INFORMATION

Full Name:

Address:

Email:

Phone Number:

PET INFORMATION

Name: Sex: Male Female: Altered: Yes No

Age:

PRE-TREATMENT EVALUATION/DIAGNOSTICS NEEDED

Laboratory evaluations required:

- Complete Blood Count
- Complete chemistry/electrolyte panel
(within 90 days of scheduled appt at CTC)
- Urinalysis with sediment exam
- T4
- T3
- Radiographs - whole cat
(2 views: Ventral/Dorsal and Lateral)

Laboratory evaluations recommended/optional

- Blood Pressure (recommended)
- Cardio pro BNP (recommended)
- Electrocardiogram (recommended if patient has history of heart issues)
- Free T4 (Optional)

**All required tests must be completed within 6 weeks of patient's appointment at the Cat Thyroid Center. Following the initial examination by Dr. Marinov, additional tests may be requested.*

Additional Notes:

**Please email this form with all lab/diagnostic values to:
info@catthyroid.com**

More Information :

- 717 S. Tamiami Trail (US-41)
- (813) 641-3425
- www.catthyroid.com
- info@catthyroid.com

Referring DVM:

Referring DVM Phone:

Referring DVM email:

Thank You for your Referral!