



Veterinary Specialists of Birmingham

146 Resource Center Parkway

Birmingham, AL 35242

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• Email: referral@vsbham.com
vsbham.com

+ Pet Emergency

REFERRAL/EMERGENCY TRANSFER FORM

FAX NUMBER: (888)935-1444

Date: _____ Service: Emergency Surgery Ophthalmology Internal Medicine

Referring Veterinarian and Clinic Information

Veterinarian: _____ Hospital Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Clinic Email: _____
Fax: _____

Owner and Patient Information

Owner Name: _____ Patient name: _____
Address: _____ Species: _____ Breed: _____
Cell Phone: _____ Age: _____ Weight: _____
Alternative Phone: _____ Sex: _____ Neutered? YES NO
Email: _____ Vaccine Status: _____
Condition of Patient: Healthy Stable Critical
Reason for Referral: _____

History: _____

Diagnostic Tests Performed **(please send copy of diagnostic results and/or radiographs with owner):**

- Radiographs/Ultrasound
- Bloodwork
- Histopathology/Cytology
- Medical Records

Treatments/Medications (Include dates, dosing, and response to treatment): _____

Additional Comments: _____

For specialty service referrals we will call the client to set up an appointment.