



REFERRAL FORM

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

CLIENT INFORMATION

NAME:

EMAIL:

PHONE:

PATIENT INFORMATION

NAME:

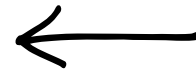
AGE:

SEX:

DATE OF ORIGINAL DIAGNOSIS:

(MONTH, DAY, YEAR)

SEND US A COPY OF THE BLOODWORK FROM THE DATE OF ORIGINAL DIAGNOSIS



DO NOT LEAVE BLANK

Laboratory evaluations required:

- Complete Blood Count
- Complete chemistry/electrolyte panel
- Urinalysis with sediment exam
- Total T4
- Free T4 and/or T3 (Optional)
- Radiographs - whole cat
(2 views: Ventral/Dorsal and Lateral)

Methimazole/Felimagazole dosage and start date:

Is patient currently on a y/d diet? Yes No

Is there any evidence of cardio abnormalities/ heart murmur?

****A CARDIO WORK-UP MAY BE REQUIRED IF PATIENT HAS HEART ABNORMALITIES OR A MURMUR ABOVE GRADE III****

VET INFORMATION

NAME:

EMAIL:

CLINIC:

PHONE:

IMPORTANT INFORMATION

- All patients are required to be up-to-date on Rabies and FVRCP vaccines or have an exemption
- Patients who have to be sedated are ***NOT*** candidates for treatment at The Cat Thyroid Center
- All patients ***MUST*** arrive on Gabapentin and be sent to us with a 10-day supply
- Patients must be eating, urinating, and defecating normally
- Patients must be clear of any infectious illnesses

QUESTIONS?



(813) 641-3425



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