

## Veterinarian Referral Form

### CLIENT/PATIENT INFORMATION

REFERRING DR. \_\_\_\_\_ CLINIC NAME \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

**Please mark the service needed for patient below:**

- Neurology & Neurosurgery   
  Surgery   
  Internal Medicine  
 After Hours Emergency & Overnight Care

**Mark Status of Appointment**

*(Note: Urgent Referrals require a doctor to doctor phone call to discuss availability/expectations.)*

- Urgent                     
  Routine

OWNER NAME \_\_\_\_\_ CO-OWNER \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

OWNER EMAIL ADDRESS \_\_\_\_\_

PET NAME \_\_\_\_\_ BREED \_\_\_\_\_ Age/DOB \_\_\_\_\_

SEX: Male    Neutered    Female    Spayed    WEIGHT \_\_\_\_\_

### MEDICAL RECORDS, PERTINENT LABWORK AND RADIOGRAPHS

Have radiographs been taken?  Yes  No      Date of study \_\_\_\_\_

Medical Records, Labwork, and/or Radiographs have been:

- Faxed                     
  Emailed                     
  Owner Bringing

Brief History & Primary Complaint \_\_\_\_\_

Tentative Diagnosis \_\_\_\_\_

Medication	Dose in Mg	Route (IV,IM,SQ)	Time Administered

Records and radiographs can be emailed to [info@mission.vet](mailto:info@mission.vet)

This form can be **faxed to 210-737-7372**, or **emailed to [info@mission.vet](mailto:info@mission.vet)**.

**Electronic Referrals can be made through our referral portal at [www.mission.vet/portal](http://www.mission.vet/portal).**