



## Veterinarian Referral Form

DATE: \_\_\_\_\_

**Please mark status of appointment:**  Immediately  This Week  Non-Emergency

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

**Please fax completed form to (832) 900-3970 or submit via email to [info@gcv.com](mailto:info@gcv.com)**

**Southwest Freeway Location**

Critical Care *\*Referrals MUST be called in to (713) 341.9520\**

Diagnostic Imaging (CT, MRI, Ultrasound)

Emergency

Neurology & Neurosurgery

Sports Medicine

Surgery & Orthopedics

Specified Doctor (optional): \_\_\_\_\_

**For questions call (713) 341-9520**

**GCVS Partner DVM Locations**

<input type="checkbox"/> Avian & Exotics	<input type="checkbox"/> Internal Medicine
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Medical Oncology
<input type="checkbox"/> Dentistry & Oral Surgery	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Dermatology & Allergy	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Rehabilitation & Fitness <i>(See required signature in form below)</i>	

Specified Doctor (optional): \_\_\_\_\_

**For questions call (409) 974-7558**

REFERRING DR: \_\_\_\_\_ CLINIC NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### CLIENT/PATIENT INFORMATION

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

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

PET NAME: \_\_\_\_\_ BREED: \_\_\_\_\_

SEX: Male    Neutered    Female    Spayed    Age/DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ Fractious:  Yes  No

### MEDICAL RECORDS, PERTINENT LABWORK AND RADIOGRAPHS

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

Have medical records, lab work, and/or radiographs:  Been Faxed  E-Mailed  Owner Bringing

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

Is the patient potentially infectious?  Yes  No

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

→ Please send current lab work, biopsy reports, and medical records with this form.

→ Please email, fax or send copies of radiographs with the owner.

**Rehabilitation and Fitness:** *As the attending veterinarian, I have determined that rehabilitation will not likely be harmful to the patient.*

\_\_\_\_\_  
Referring Veterinarian's Signature

\_\_\_\_\_  
Date