



## 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@gcvs.com**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Critical Care <i>Referrals MUST be called in to (713) 693-1111</i> |  |  |
| <input type="checkbox"/> Avian & Exotics  | <input type="checkbox"/> Cardiology                          | <input type="checkbox"/> Dentistry & Oral Surgery          |
| <input type="checkbox"/> Dermatology & Allergy  | <input type="checkbox"/> Diagnostic Imaging                  | <input type="checkbox"/> Internal Medicine / I-131 Therapy |
| <input type="checkbox"/> Neurology & Neurosurgery   | <input type="checkbox"/> Oncology (Medical or Radiation)     | <input type="checkbox"/> Ophthalmology                     |
| <input type="checkbox"/> Rehabilitation & Fitness   | <input type="checkbox"/> Surgery (Soft Tissue & Orthopedics) |  |

*(See required signature at bottom)*

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

### PRIMARY CARE VETERINARIAN INFORMATION

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 or an ultrasound been taken?  Radiographs  Ultrasound    Date of study: \_\_\_\_\_

Have medical records/lab work/radiographs been:  Faxed  E-Mailed  Owner Bringing

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

Is the patient potentially infectious?  Yes  No

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

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

→ Please send copies of radiographs via email, fax, or 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