GULF COAST VETERINARY SPECIALISTS

8042 Katy Freeway
Houston, TX 77024
P: (713) 693-1111
F: (832) 900-3970
info@gcvs.com

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

☐ Critical Care ***Referrals MUST be called in to (713) 693-1111***
☐ Emergency ***Referrals MUST be called in to (713) 693-1111***

☐ Avian & Exotics
☐ Cardiology
☐ Dentistry & Oral Surgery
☐ Dermatology & Allergy
☐ Diagnostic Imaging
☐ Internal Medicine / I-131 Therapy
☐ Neurology & Neurosurgery
☐ Oncology (Medical or Radiation)
☐ Ophthalmology
☐ Rehabilitation & Fitness
☐ Surgery (Soft Tissue & Orthopedics)

(See required signature at bottom)

PRIMARY CARE VERTERINARIAN 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

To expedite the referral process, GCVS recommends submitting referrals through our online referral portal.
For more information, visit gcvs.com/veterinarians