

Referral Form

Please Include: Radiographs, copies of laboratory tests and a summary of the medical record. Referral form and records may be emailed to Frontdesk@vravet.com, sent with the client, or sent via fax. Phone consults with rDVMs are welcome and encouraged. **Please have your client call to make an appointment.**

Date: _____

Which VRA Doctor/Department are you referring to? _____

Owner Information	
Owner's Name	
<i>Last:</i>	<i>First:</i>
Owner's Address	
<i>Street Address:</i>	
<i>Apt/Unit #:</i>	
<i>City:</i>	<i>State:</i>
<i>ZIP Code:</i>	
Phone:	Email:

Patient Information	
Pet's Name:	Birthdate (or approx. age):
Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Breed:	Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tentative Diagnosis:	
Pertinent History:	
Has this patient been previously evaluated by the VRA team? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	
Additional Comments:	

rDVM Information	
Referring Doctor:	Email:
Hospital Name:	Phone:
Preferred Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone	

I have reviewed and completed this form for submission to Veterinary Referral Associates for the evaluation of my patient:

_____ (Referring Veterinarian Signature)