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Surgical Referral Form

Date:

Referral Type (Select one):

Urgent / Next Available

*if urgent, rDVM is to phone ELVH to discuss case after submitting referral

Client Name (First and Last):

Patient Name:

Client Phone Number:

Species:

Client Email:

Breed:

Client Street Address:

Date of Birth:

Client City:

Sex:

Current Weight (kg):

Temperament:

Insured? Which Company?:

Referring Clinic:

Referring Veterinarian:

Veterinarian/Clinic Email:

Veterinarian/Clinic Phone Number:

Preferred Communication Method (Select one):

Phone / Email

Provide a brief synopsis of the case:

Current medical diagnosis:

Current medications and supplements:

Date of most recent bloodwork:

Does the patient have any known heart conditions or concerns (describe):

What is your ultimate goal with this referral?

Any other pertinent case information:

Medical Records (pertinent to case):

****Please include with referral all relevant attachments, including patient's medical record, radiographs, CT, MRI, or other diagnostics as applicable.**