

REFERRING VETERINARIAN INFORMATION:

VETERINARIAN'S NAME

PLEASE CIRCLE: PRIMARY CARE/SPECIALIST

HOSPITAL NAME

ADDRESS

PHONE NUMBER

PRACTICE/VETERINARIAN

EMAIL ADDRESS

PREFERRED METHOD & TIME OF CONTACT

CLIENT INFORMATION:

OWNER'S NAME

ADDRESS

PET'S NAME, BREED, AND AGE

HOME PHONE

CELL PHONE

EMAIL ADDRESS

PREFERRED METHOD & TIME OF CONTACT

REASON FOR REFERRAL

TUMOR TYPE (BIOPSY OR CYTOLOGY REPORT MUST BE PROVIDED WITH THE REFERRAL UNLESS PREVIOUSLY DISCUSSED WITH ONCOLOGIST).

DIAGNOSTICS

BLOOD WORK (LAB REPORT PRINTOUT MUST BE INCLUDED WITH REFERRAL)

CBC, CHEM, UA,
OTHER (PLEASE SPECIFY)

IMAGING

CHEST RADS
ABDOMINAL ULTRASOUND
CT SCAN
OTHER IMAGING (PLEASE SPECIFY)

TREATMENT

PRIOR SURGERIES (DATES, TYPE (INCISIONAL BIOPSY, EXCISIONAL BIOPSY, CURATIVE INTENT)
PROVIDE SURGERY REPORTS IF AVAILABLE.

CHEMOTHERAPY:

OTHER TREATMENTS:

LIST OF CURRENT MEDICATIONS (INCLUDE DOSAGE, FREQUENCY, DATE STARTED).
INCLUDE ALL MEDICATIONS PET IS TAKING.
LIST OF SUPPLEMENTS, HOLISTIC THERAPIES ETC. (IF AVAILABLE)

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

CONCURRENT MEDICAL PROBLEMS:

PRIOR MEDICAL PROBLEMS: (IF RELEVANT)

RABIES VACCINATION:

DATE

BRAND

VACCINATION LOCATION (INCLUDE CERTIFICATE & MEDICAL RECORD COPY IF AVAILABLE)