



PennVet – Ryan Hospital
3900 Delancey Street
Philadelphia, PA 19104
Referral Office Phone: 877-736-6838
Referral Office Fax: 215-573-4617
Email: pennvet.referral@vet.upenn.edu
www.vet.upenn.edu

Patient Referral Form

Date: _____

Referring Veterinarian Information:

Veterinarian Name: _____

Hospital Name: _____

Preferred Method of Contact

- ☐ Phone
- ☐ E-mail
- ☐ Fax

Patient Information:

Owner's Name: _____

Patient's Name: _____

Owner's Phone Number: _____

PRIMARY REASON for Referral:

BRIEF HISTORY:

PREVIOUSLY DIAGNOSED MEDICAL CONDITIONS (medical condition, date of diagnosis, treatment):

CURRENT MEDICATIONS (dates & dosages):

Please include medical records for your patient as well as all pertinent lab results, along with any digital images of radiographic/ultrasonographic/CT/MRI studies within the past 2 years. Thank you for your referral! Please do not hesitate to contact us with any questions prior to or following your patient's visit at PennVet.