

**Referring Veterinarian/Hospital:** \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**Owner's Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Phone Numbers**

Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Email \_\_\_\_\_

**Patient's Information**

Name \_\_\_\_\_

Species \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_ Sex **FI FS MI MN**

Today's Weight \_\_\_\_\_

Prior major medical concerns include \_\_\_\_\_

\_\_\_\_\_

**Reason for Referral** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Treatments - Please Include Date and Time Medications Were Given**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please send with the patient all pertinent information, such as copies of lab results and x-rays.*

**Please Inform the Owner**

- 1) An estimate of costs will be provided to the owner prior to beginning treatment at VETSS
- 2) Payment in full is due at time of service. VETSS does not provide a billing service, though does accept Care Credit.

\_\_\_\_\_  
*Thank you for your referral of this patient – we appreciate your support of VETSS.*