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## REFERRAL FORM

### Referring Doctor Information:

Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

### Client Information

Client Name: \_\_\_\_\_ Client's Cell: \_\_\_\_\_

### Patient Information

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Age/DOB: \_\_\_\_\_ Pt Wt: \_\_\_\_\_  Male  Female  Spayed/Neutered  
 Last Vaccinations: Rabies: \_\_\_\_\_ DHPPV \_\_\_\_\_ FELV/FIV \_\_\_\_\_ Other \_\_\_\_\_  
 Diagnostics Performed:  Bloodwork  Radiographs  Urinalysis  Felv/FIV test  
 Other, Please List: \_\_\_\_\_  
 Outside labwork pending, please list: \_\_\_\_\_ Lab submitted to \_\_\_\_\_

### History/Diagnosis/Differential:

### MEDICATIONS ADMINISTERED (Time/Medication/Concentration/Amount/Route)

1.	4.	7.
2.	5.	8.
3.	6.	9.

## PLEASE SEND A COPY OF ALL LABWORK, RECORDS AND ANY RADIOGRAPHS

Records have been:  Faxed  Emailed Images:  None taken  Sent with owner  Digitally transmitted

### Appointment Status:

- Emergency (if you believe this appointment needs to be seen on an emergency basis, please call our office directly.)  
 This Week (next 2-5 days)  
 Next 7-14 days

### Communication Requested:

- Fax visit summary to referring doctor  
 Email visit summary to \_\_\_\_\_  
 Mail visit summary via Postal Service

### Frequency of Updates:

- Once daily  
 At Discharge Only

### IN ADDITION:

- Please call:  After consultation/evaluation  After discharge  
 Office Number  Referring Doctor's Cell Phone: \_\_\_\_\_  
 Regular Veterinarians Email Address: \_\_\_\_\_

We may contact you regarding this case if more information is needed, or to confer with you.  
 Thank you for your cooperation in helping provide care for your patients and clients.