Please Specify The Veterinarian You Are Referring To:

Client Name: ____________________________ Patient Name: ____________________________

Age: _____  Species: _______ Breed: _______ Sex: _______ Weight: _______

Presenting Complaint:

History/Physical Examination: (please provide a copy of original records)

Presumptive Diagnosis:

Please provide copies of all the pertinent labs (CBC, diagnostic panel, UA, C&S ), imaging (radiographs, MRI, CI ) and other diagnostics

Current Medications:

Should we contact you at home if there are significant changes? Phone number:

If this is an emergency case, would you like this case returned the following day? Yes__ No__

Cardiology
Bonnie K. Lefbom, DVM, DACVIM
Jennifer A. Sidley, DVM, DACVIM

Dermatology
Bruce L. Hansen, DVM, DACVD

Emergency/Critical Care
Rand S. Wachsstock, DVM
Kimberly Bridges, DVM
Randy Derbin, VMD
Rachel Kesting, DVM
Megan Kees, DVM
Montine Mansell, DVM

Internal Medicine
Clayton G. Kilrain, DVM, ACVIM

Neurology
Jessica Barker, DVM, DACVIM
William Bush, VMD, DACVIM

Radiation Oncology
Ira Gordon, DVM, DACVR

Medical Oncology
Chand Khanna, DVM, PhD, DACVIM
Bridget Stewart, VMD

Radiology
David S. Herring, DVM, DACVR

Rehabilitative Therapy
Morgan Francis, MS, DPT, CCRP

Surgery & Surgical Oncology
Greg Griffin, MVB, MRCVS, DACVS, DECVS
Rochelle B. Anderson, DVM, DACVS