

Referring Clinic:

Ultrasound Referral Form

Revised September 2019

Veterinarian:

Referring Veterinarian Phone: Veterinarian Email: Client Last Name: Client First Name: Client Address:

Client Phone: Client e-mail

Patient Name: Species Breed Gender DOB Reason For Study/Pertinent Lab Findings:

History for Radiologist:

Other Underlying Illnesses:

Do you feel that this patient can tolerate mild sedation? **YES NO**

Would you like aspirates of abnormal tissues if possible and the owner consents?

# YES NO

**ASA Risk Category:** I (healthy)  III (severe systemic disease)

II (mild to moderate disease)

# \*Class IV and V risk patients should be admitted to the closest referral hospital for imaging.\*

How soon should this patient be seen? Same Day  Urgent (1-2 days)  Week (3-6 days)  Next available (1-4 weeks). 

Does this patient have any allergies or known drug reactions? Comments:

**To begin a referral case please submit this completed form via email to** [**shuksanvet@gmail.com**](mailto:shuksanvet@gmail.com)