NORTH TAMPA
VETERINARY SPECIALISTS

General Referral Form

Please include: Digital radiographs, copies of laboratory tests and a summary of the medical record. Referral information may be emailed or mailed. If using the mail, please allow enough time for the information to arrive so it is available at the time of the consultation. Phone consults with rDVM's are welcome and encouraged. ***Please also have a signed consent form completed prior to surgery start time.***

Date:

rDVM Information

Referring Doctor:	Phone:
Hospital Name:	Fax:
Email Address:	Best time to call:
Hospital Address:	Preferred method of contact:

Patient Information

Owner's Name:		Phone:
Owner's Address:		
Pet's Name:	Species: ☐canine ☐ feline ☐ other	
Breed(s):	Birthday (or approx. age):	Weight:
Current on vaccinations: ☐yes ☐ no	Spayed/Neutered? ☐yes ☐ no	Sex: ☐male ☐ fem
History:		
Condition of Patient: ☐healthy ☐stable ☐critical ☐moribund		

Diagnostic Tests Performed *(Please include date and results, or, if pending, your lab and hospital):*

LABS		Date	Results Summary	X-RAYS			Date	Results Summary
CBC:	☐			3/2 View Chest		☐		
CHEM:	☐			_____View Abdomen:		☐		
UA:	☐			Spinal:	Cervical	☐		
Other:	☐				T-L	☐		
	☐				L-S	☐		
	☐			Extremity:		☐		
Labs Performed: ☐In-House ☐Off-site				Other:		☐		

Treatments/Medications *(Please include dosage and dates, if possible:)*

Response to Therapy:

Additional Comments:

I have reviewed and completed this form for submission to North Tampa Veterinary Specialists for the evaluation of my patient:

_____
Referring Veterinarian Signature