



ELEMENTAL PET VETS, PLLC

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Freeville, NY 13068

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Neurology, Orthopedic, Surgery Referral Form

Neurology ☐

Orthopedic

TPLO Surgery

Neurosurgery

*We are unable to see small dog breeds
for TPLO*

Date: _____

Referring Veterinarian: _____

Clinic: _____

Address: _____

Telephone: _____ Email: _____

Client Information:

Name: _____

Address: _____

Telephone: _____

Email: _____

Patient Name: _____

Weight: _____

Species: Canine / Feline

Gender: M / MN / F / FS

Breed: _____ Color: _____ D.O.B: _____

Is the Patient:

Aggressive

Nervous/Anxious/Shy

Friendly

All Aggressive pets must come in on oral sedation medications (such as Gabapentin and Trazodone) or we will be unable to see them for the appointment

Email: elementalpetvets@outlook.com

****Please Include Recent Lab Work, Medical Notes And Any Imaging****

Chief Complaint: _____

Duration of Symptoms: _____

****We will not accept any referral that only says “see attached” in the history section. We require the history sections to be filled out with details pertaining the chief complaint****

History:

[illegible]

[illegible]