ELEMENTAL PET VETS, PLLC
1610 Dryden Rd.
Freeville, NY 13068
Phone Number: (607) 291-4021
Urgent Care Phone Number: (607) 291-4099
Fax: (607) 697-0443
Email: elementalpetvets@outlook.com

REFERRAL FORM

Neurology ☐ **Orthopedic** ☐ **TCVM** ☐ **Surgery** **Rehab** ☐
Internal Medicine ☐ **Ultrasound only** ☐

Date: _____

Referring Veterinarian: _____

Clinic: _____

Address: _____

Telephone: _____ Email: _____

Client Information:

Name: _____

Address: _____

Telephone: _____

Email: _____

Patient Name: _____

Species: Canine / Feline

Gender: M / MN / F / FS

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

Once the referral is complete and sent in, please have the client call our office directly for scheduling .

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******PLEASE INCLUDE RECENT LAB WORK AND ANY IMAGING******

(Please do not send entire medical record, send only the relevant medical notes)

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:

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Medications: (current and historical)

Drug	Strength	Dose	Duration

Vaccinations (Current vaccines only, please include an up-to-date rabies vaccine certification when sending records. We will not see patients who are not up to date on their rabies vaccine.)

Vaccine	Date Give	Date Next Due

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