**ELEMENTAL PET VETS, PLLC**
**1610 Dryden Rd.**
**Freeville, NY 13068**
**Phone (607) 291-4021**
**Email: elementalpetvets@outlook.com**

# REFERRAL FORM

**Neurology** ☐ **Orthopedic** ☐ **TPLO Surgery** ☐ **Internal Medicine**

☐ **Outpatient ULTRASOUND ONLY ->** ☐ **STAT read requested (additional cost to client)**

Date: _____

Referring Veterinarian: _____

Clinic:_____
Address:_____

Telephone: _____ Email:_____

Client Information:

Name: _____

Address: _____

Telephone: _____

Patient Name: _____

Species: K9 / Fel

Gender: M / MN / F / FS

Breed: _____Color: _____ D.O.B:_____ Weight:_____

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

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

**(Please do not send entire medical record)**

Chief Complaint: _____

Duration of Symptoms: _____

## History:

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## Medications: (current and historical)

| Drug | Strength | Dose | Duration |
|---|---|---|---|
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**Vaccinations (current vaccines only, please include an up-to-date rabies vaccine certification when sending records. We will not be seeing patients who are not up to date on their rabies vaccine)**

| Vaccine | Date Given | Date Next Due |
|---|---|---|
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*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*

## Outpatient Ultrasound Only:

***We do not use sedation for outpatient ultrasounds. We recommend patients receive an oral anti-anxiety medication prior to arrival to facilitate a thorough and stress-free procedure.**

*Patients must have a good disposition and be able to lay still for 30 minutes without sedation. We will not perform the ultrasound if they cannot.

*We will not be speaking with clients. Reports will be sent to the referring veterinarian to discuss the results and treatments with the client. We will not send copies of the ultrasound reports to the client