

# Referral Form

Referring Veterinarian \_\_\_\_\_ Date \_\_\_\_\_

Hospital \_\_\_\_\_

Client Name \_\_\_\_\_ Pet Name \_\_\_\_\_

Canine    Feline   Breed \_\_\_\_\_    Male    Female   Date of Birth \_\_\_\_\_

## Reason for Referral

I am transferring this patient to:  
*(please check all that apply)*

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Emergency         | <input type="checkbox"/> Cardiology | <input type="checkbox"/> Dermatology            |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Neurology  | <input type="checkbox"/> Ophthalmology          |
| <input type="checkbox"/> Surgery           | <input type="checkbox"/> Oncology   | <input type="checkbox"/> Transfer back tomorrow |

## Enclosures/Diagnostics

- |                                      |                                     |                                |
|--------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Records     | <input type="checkbox"/> Chemistry  | <input type="checkbox"/> T4    |
| <input type="checkbox"/> Radiographs | <input type="checkbox"/> Cytology   | <input type="checkbox"/> Other |
| <input type="checkbox"/> CBC         | <input type="checkbox"/> Urinalysis |                                |

## Records Sent By:

- |  |                                  |   |
|--|----------------------------------|---|
| <input type="checkbox"/> Email   | <input type="checkbox"/> Fax     | <input type="checkbox"/> Sent with Client |
| <a href="mailto:records@verg-brooklyn.com">records@verg-brooklyn.com</a>           | <b>VERG North (718) 522-9755</b> |   |
| <a href="mailto:southrecords@verg-brooklyn.com">southrecords@verg-brooklyn.com</a> | <b>VERG South (718) 677-6725</b> |   |

For additional history, please add to the next page.

