



# Patient Referral Form

Date: \_\_\_\_\_

Attention Service:

\*Please check appropriate box below

**Urgent:** Please contact a Client Services Representative by phone for the next available appointment.

### Referring Veterinarian Information:

Veterinary Hospital/Clinic: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### How would you prefer to be contacted on this case?

Fax: \_\_\_\_\_  Email: \_\_\_\_\_

### Client Information:

Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Patient Information:

Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

### Medical Records

Records  
 Sent with client  
 Emailed  
 None

Lab Results  
 Sent with client  
 Emailed  
 None

Imaging  
 Sent with client  
 Emailed  
 None

### Expectations for this case:

Consult only. Please return to my office for diagnostic testing and treatment.  
 Please manage the diagnostic testing and treatment at Zia Pet Hospital

**Would you like to set up a Televideo consultation with Dr. Hale to determine if you should refer?  
Contact Referrals@ZiaVet.com for available times.**

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