



**VETERINARY
EMERGENCY
& SPECIALTY
HOSPITAL OF WICHITA**

SPECIALTY & DENTAL REFERRAL FORM

Referring Veterinarian: _____ Referring Veterinary Clinic: _____

Referring Veterinary Clinic Telephone: _____ Referring Veterinary Clinic Fax: _____

Client Name: _____ Client Phone: Home _____ Cell: _____

Client Address: _____

Patient Name: _____ Species: _____ Breed: _____

Color: _____ Age: _____ Sex: _____ Weight: _____ Spayed/Neutered: _____

Reason for Referral: _____

Clinical/Physical Exam Findings (include dates): _____

Diagnostic Findings (please send laboratory results, radiology studies if possible): _____

Tentative Diagnosis: _____

Current Treatment & Medications (including any preventatives): _____

Previous Medical History & Vaccination History: _____

Comments (any special client or patient considerations?): _____



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