BLUEGRASS VETERINARY
BVS
SPECIALISTS + ANIMAL EMERGENCY

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Referral Form

Requested Referral To: ☐Internal Medicine ☐Cardiology ☐Surgery ☐Emergency ☐Hyperbaric Oxygen Therapy ☐CT scan

REFERRAL PARTNER INFORMATION

Referring Doctor: _____

Hospital: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ Fax: _____

Email: _____ Contact Preference: Phone Fax Email Portal

PATIENT/CLIENT INFORMATION

Client Name: _____ Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Breed: _____ Age: _____ Color: _____

Animal:☐Canine ☐Feline ☐Other Sex:☐Male ☐Neutered Male ☐Female ☐Spayed Female

REFERRAL REASON

_____

_____

_____

_____

MEDICAL HISTORY (including presenting complaint)

_____

_____

_____

_____

PERTINENT DIAGNOSTIC FINDINGS

_____

_____

_____

_____

TREATMENTS RECEIVED (including mg dosage)

_____

_____

_____

_____

_____

MEDICAL RECORDS INFORMATION

☐ Patient is arriving with a copy of the records, lab results, and/or radiographs

☐ Patient's records, lab results, and/or radiographs have been sent via the email info@bluegrassvets.com

☐ Patient's records, lab results, and/or radiographs were faxed to: 859-335-8635)