Veterinary Specialists of Birmingham

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VSBHAM.COM

REFERRAL / EMERGENCY TRANSFER FORM

NEW FAX NUMBER 888.935.1444

DATE:_____

REFERRING VETERINARIAN AND CLINC INFORMATION

VETERINARIAN:_____ HOSPITAL NAME:_____

ADDRESS:_____ CITY:_____ STATE:_____ ZIP:_____

TELEPHONE:_____ CLINIC EMAIL:_____

OWNER AND PATIENT INFORMATION

OWNER NAME:_____ PATIENT NAME:_____

ADDRESS:_____ SPECIES:_____ BREED:_____COLOR:_____

CELL PHONE:_____ AGE:_____ WEIGHT:_____

ALTERNATIVE PHONE:_____ SEX:_____ NEUTERED? YES □ NO □

EMAIL:_____ VACCINE STATUS:_____

CONDITION OF PATIENT: □ HEALTHY □ STABLE □ CRITICAL

REASON FOR REFERRAL:_____

HISTORY:_____
_____
_____

DIAGNOSTIC TESTS PERFORMED: (PLEASE SEND COPY OF DIAGNOTIC RESULTS AND / OR READIOGRAPHS WITH OWNER)
_____
_____
_____
_____

TREATMENTS / MEDICATIONS: (INCLUDE DATES, DOSINGS, AND RESPONSE TO TREATMENT)_____
_____
_____
_____

ADDITIONAL COMMENTS:_____
_____
_____
_____

FOR SPECIALTY SERVICE REFERRALS WE WILL CALL THE CLIENT TO SET UP AN APPOINTMENT…THANK YOU!