



Veterinary Specialists of Birmingham

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Birmingham, Alabama 35242
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VSBHAM.COM



REFERRAL / EMERGENCY TRANSFER FORM

NEW FAX NUMBER 888.935.1444

DATE: _____

REFERRING VETERINARIAN AND CLINIC 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 DIAGNOSTIC RESULTS AND / OR RADIOGRAPHS 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!