MASS-RI
VETERINARY ER

REFERRAL FORM

Please provide the following information about your referral

Date of Referral: _____ **Any previous Visit Here?** _____
Referring Veterinarian: _____
Referring Hospital: _____
Phone: _____ **Fax:** _____
Email: _____ **Preferred Contact Method:** _____

Owner Name: _____
Address: _____
Home phone: _____ **Alternate phone:** _____

Pet's Name: _____ **Breed:** _____
Age: _____ **Weight:** _____ **Sex:** ☐ **Male** ☐**Neutered** ☐**Female** ☐**Spayed**

Brief History/Problem: _____
_____
_____
_____

Exam Findings: _____
_____
_____
_____

Treatments Performed/Current Medications: _____
_____
_____
_____

Tentative Diagnosis: _____

Services Requested: _____

Please fax or have your client bring with them:

- ☐ **Current Medications**
- ☐ **Doctor's SOAP Notes**
- ☐ **This form and any further information you think would be helpful**
- ☐ **Copies of Laboratory Results**
- ☐ **Radiographs (mailed or sent with client?)**

477 Milford Road, Swansea, MA **Phone: (508) 730-1112** **Fax: (508) 730-1118**

Radiographs will be returned promptly.

Thank you for your referral