



**EXOTIC VET CARE PATIENT REFERRAL FORM**

Date: \_\_\_\_\_

**Referring Veterinarian Information**

Veterinarian Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Client Information**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Patient Information**

Name of Patient: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Altered: Yes \_\_\_ No \_\_\_ Weight: \_\_\_\_\_

Chief Concern

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History/Physical Findings

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tentative Diagnosis

\_\_\_\_\_  
\_\_\_\_\_

Diagnostics & Laboratory Data

Attached \_\_\_\_\_ With Client \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Radiographs/Images

Attached \_\_\_\_\_ With Client \_\_\_\_\_

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Current medication and Treatment

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Special Requests/Comments

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