



ARLINGTON VETERINARY  
SURGERY SPECIALISTS

## Referral Form

(847) 394-0444

Owner: \_\_\_\_\_ Appointment: Mon Tues Wed Thurs Fri  
 Home Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Time: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Doctor: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_  Surgeon should call referring vet prior to surgery  
 Animal Hospital: \_\_\_\_\_  Surgeon should call referring vet following surgery  
 Preferred method of communication:  Provide updates when patient status changes via:  
 Phone: \_\_\_\_\_  phone  fax  email  
 Fax: \_\_\_\_\_  Send all surgery records to referring veterinarian  
 E-mail: \_\_\_\_\_  Please return any films sent with owner  
 Other Requests: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Species, Breed, Color: \_\_\_\_\_ Sex:  Male  Male-neutered  Female  Female-spayed

Please fill-in the information below or fax records to (847) 394-0555 (or email to [referral@surgeryvets.com](mailto:referral@surgeryvets.com)).

### Problem / Reason for Referral

### History / Physical Exam Findings

### Current Medications

Any problems with pain meds?

### X-Rays

Please email rads to [referral@surgeryvets.com](mailto:referral@surgeryvets.com), indicating patient & owner name. (  sent w/ owner)

### Lab Results

Please fax blood work, cytology, & biopsy reports to (847) 394-0555.