

VETERINARY HEALING ARTS

PATIENT REFERRAL FORM

Date: _____

PATIENT INFORMATION

Client's Name: _____
Client's Phone: _____
Pet's Name: _____
Dog: _____ Cat: _____ Other: _____
Breed: _____
Age: _____
Sex: M CM F SF

REFERRING HOSPITAL INFORMATION

Hospital: _____
Dr.: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

History and Records can be faxed. See fax numbers at bottom of form.

Case History: _____

Diagnostics Performed (please attach any laboratory and/or other diagnostic reports: _____

Treatment/Medications: _____

Thank you for entrusting Veterinary Healing Arts, Inc. We will send a referral update after your client has been seen by Dr. Tapp. This will include a diagnosis, the tests that were performed and a recommended course of action.