**Referring Veterinarian\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last

**Practice Name\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Practice Phone\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Practice Fax\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###-###-#### ###-###-####

**Owner's Name\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse/Partner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last

**Owner's Phone Number\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient's Name\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Species\*** \_\_\_\_\_\_\_ **Breed\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOB/Age\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex:\*** Male Female Male/Neutered Female/Spayed

**Rabies status:\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date given\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HWT status\***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FIV/FeLV test status\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is there any pertinent lab work or radiographs?\*** Lab work Radiographs None

Please email radiographs, labs and medical notes to woodlandsvet@yahoo.com. If radiographs are hard copies please send them with the owner.

**Doctor Preference\*** Dr. Barker Dr. Mix Either

**Patient Temperament:\***

Our goal is to keep the visit as stress free as possible for our patients. These questions help us better accommodate each patient's visit. Our ultrasounds last for approximately 25-30mins. These ultrasounds are performed in lateral recumbency and do require picking the patient up onto the exam table.

**Are there any Patient temperament alerts? Can this patient be restrained??**

Yes No Yes No

**Does this patient require sedation for any services?** **Can the patient be muzzled if necessary?**

 Yes No Yes No

**Please list patient alerts and sedation requirements below:**

**Referral Case Summary: \***

Please include a brief summary of the presenting complaint, a clinical history, treatments and medications tried, and any questions you would like answered.