



California **Veterinary Specialists**

# PATIENT REFERRAL FORM



**▶ Please complete and provide client. Please instruct client to bring completed form to California Veterinary Specialists.**

Location: Carlsbad

Referring Veterinarian:

Hospital Name:

Service:    Emergency/Critical Care    Internal Medicine    Surgery  
                  Oncology                    Ophthalmology                    Cardiology

First name:

Last name:

Daytime phone:

Evening phone:

Pet's name:

Date of Birth:

Species:        Dog            Cat        Other:

Breed:

## Medical Information

Past history:

Current history:

Diagnostic Tests/Medications and Dosages Administered:

### Additional Information Sent Over:

Lab Results

Radiographs

Medical Records

Emailed / Date: \_\_\_\_\_

**Carlsbad | 760-431-2273**

**Murrieta | 951-600-9803**

**Ontario | 909-947-3600**

2310 Faraday Ave., Carlsbad, CA 92008

39809 Avenida Acacias, Suite E, Murrieta, CA 92563

2409 S. Vineyard Ave. Suite O, Ontario, CA 91761