



California **Veterinary Specialists**

# PATIENT REFERRAL FORM



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

Location: Murrieta Ontario

Referring Veterinarian: Hospital Name:

Service: Emergency/Critical Care Internal Medicine Surgery Neurology  
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  
2310 Faraday Ave., Carlsbad, CA 92008

Murrieta | 951-600-9803  
39809 Avenida Acacias, Suite E, Murrieta, CA 92563

Ontario | 909-947-3600  
2409 S. Vineyard Ave. Suite O, Ontario, CA 91761