



California **Veterinary Specialists**

# PATIENT REFERRAL FORM



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

Location: Ontario

Referring Veterinarian:

Hospital Name:

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

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 | FAX 760-431-1084  
2310 Faraday Ave., Carlsbad, CA 92008

#### Murrieta

951-600-9803 | FAX 951-600-7758  
39809 Avenida Acacias, Suite E, Murrieta, CA 92563

#### Ontario

909-947-3600 | FAX 909-947-4757  
2409 S. Vineyard Ave. Suite O, Ontario, CA 91761