Specialized Care for Avian & Exotic Pets

Patient Referral Appointment

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Date of Referral: _____

Referring Veterinarian: Doctor: _____
Hospital: _____
Phone: _____ Fax: _____
E-mail: _____
Preferred contact method: *Phone Fax E-mail Mail*
- ❑ Contact information on file

Patient Data: Client Name: _____
Phone: _____
Patient Name: _____
Species: _____
Age: _____ Gender: _____

Chief Complaint & Medical History: _____
_____
_____
_____
_____
_____
_____
_____
_____

Service(s) Requested: _____

Case Follow-up Instructions:

- ❑ Referral/management for this problem
- ❑ Referral assessment only
- ❑ Manage patient permanently

Please have client arrive 15 minutes early and bring the following:

- ❑ Any current medications
- ❑ Copies of any laboratory results (these can also be faxed ahead with this form)
- ❑ Any radiographs
- ❑ This completed form
- ❑ Any further information you would like us to have