



**To Be Sent:**

Immediately / Emergency: \_\_\_\_\_

Today or Tomorrow: \_\_\_\_\_

This Week: \_\_\_\_\_

Anytime (Not Urgent): \_\_\_\_\_

(To Be Completed by VSH personnel.)

**VSH REFERRAL REQUEST & INFORMATION**  
 (Please Complete Both Sides)

Date: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
(Last Name) (First Name)

Hospital: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Street, City, State, Zip)

**Appointment:** Day: M T W T F Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m.  
(circle one) (circle one)

Owner's Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
(Street, City, State, Zip)

Patient: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Gender: M MN F FS Birth Date: \_\_\_\_\_ Last Rabies Vaccine: \_\_\_\_\_ 1YR 3YR

Chief Concern/Provisional Diagnosis: \_\_\_\_\_

\*History/Physical Findings: \_\_\_\_\_

\*Please send all information prior to the appointment.

(Turn over to continue ☞) **Veterinarian Signature:** \_\_\_\_\_

**VSH REFERRAL REQUEST & INFORMATION**  
**(Continued)**

**Laboratory Data:** \_\_\_\_\_

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**Radiographs (Radiographs forwarded to VSH will be returned promptly):** \_\_\_\_\_

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**Current Therapy & Medication:** \_\_\_\_\_

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**Special Requests/Comments:** \_\_\_\_\_

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**To Reorder, Please Call VSH at (919) 233-4911**