

**Date of Referral** \_\_\_\_\_

**Patient Information:**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Vaccination Status: \_\_\_\_\_

**Referring Veterinarian Information:**

Doctor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

**Owner Information:**

Owner Name: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

**Desired Method of Referral Report Delivery (i.e., fax, e-mail, or mail):**

**Reason for Patient Referral:**

**Have any labs (CBC, chem, UA, TT4, fT4ed, cTSH, etc.), cultures, or allergy testing been performed? If yes, please be sure to include results with the patient's medical records.**

**Please note any other systemic/non-dermatologic diseases that the patient has:**

**Special Requests or Expectations:**