

Pets in Balance Referral Form

Thank you for referring your client to Pets in Balance Veterinary Care. Please email this form and records from the last year to drlisa@petsinbalancevet.com or fax to (312) 724-7099. We greatly appreciate your time in submitting this information.

Referring Veterinarian

Name: _____ Date: _____

Clinic: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Preferred method of contact: Email _____ Fax _____ Phone _____

Client Information

Name: _____

Address: _____

Phone: _____

Email: _____

Patient Information

Name: _____

Species: _____ Breed: _____

Sex: _____ Age/Date of Birth: _____

Spayed/Neutered: _____ Most Recent Weight: _____

Reason for referral

Please continue on page 2

Patient Name _____

Pertinent medical history and physical exam findings

Medications and supplements

Diet

Previous diagnostics

Previous surgeries/treatments

Any known allergies, adverse reactions, or handling issues?

Other veterinarians managing this patient's care

Thank you for collaborating with Pets in Balance Veterinary Care. Please do not hesitate to contact us with any inquiries about our services or your patients.