

# REFERRAL FORM



Dermatology Center for Animals

430 Yale Avenue North • Seattle, WA 98109  
Tel 206 508-5500 • Fax 206 508-5520

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

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

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Color: \_\_\_\_\_

PLEASE CHECK IF YOU WOULD LIKE DCA TO CONTACT CLIENT FOR APPOINTMENT.

Patient Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## PLEASE SEND COPIES OF PERTINENT MEDICAL RECORDS AND LAB RESULTS

Reason for Referral: \_\_\_\_\_

Vaccination / FeLV / FIV Status: \_\_\_\_\_

Animal Temperament: \_\_\_\_\_

Pertinent History: \_\_\_\_\_

Pertinent Lab Results: *(Please send a complete copy of results and reference ranges)* \_\_\_\_\_

Current Medication / Treatment: \_\_\_\_\_

Estimate Given:  YES  NO

\$ \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_

Veterinary Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

### PREFERRED COMMUNICATION OPTIONS

LETTER FAXED

PHONE CALL

EMAIL

TO BE COMPLETED BY REFERRING VETERINARIAN AND MAY BE FAXED OR PRESENTED AT TIME OF APPOINTMENT  
COMPLETION AND SUBMISSION WILL INSURE YOU RECEIVE A FOLLOW UP REPORT ON THIS PATIENT