



**PLEASE FAX RECORDS AND THIS COMPLETED FORM TO: 760-466-0660**

**CLIENT AND PATIENT INFORMATION:** *(please fill out on behalf of the client)*

**Client Name:** \_\_\_\_\_ **Preferred Phone:** \_\_\_\_\_  
 Home  Cell  Work

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

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

**Breed:** \_\_\_\_\_ **Species:**  Canine  Feline **Sex:**  Neutered Male  Spayed Female  
 Intact Male  Intact Female

**MEDICAL INFORMATION**

**Note:** Please forward all pertinent medical record information including results of laboratory tests by fax or email. This allows our staff to review details of the case prior to the appointment and provide optimal patient care and client service. Radiographs and additional copies of the record may be sent with the client on the day of the appointment.

**Service Referred to:** \_\_\_\_\_

**Diagnosis/Immediate Problem:** \_\_\_\_\_

**History:** *(signs, onset, progression)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you want us to call the client to schedule?**  Yes  No **Type of Appointment?**  Urgent  Follow up Consult  New Consult **Were X-rays Taken?**  Yes  No

**Vaccination History:** \_\_\_\_\_

**Current Diet:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Body Condition:** \_\_\_\_ / 9  
*(if prescribed)*

**Diagnostics Performed:** *(please attach test results)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Medications:** *(include dosage, duration, response)* \_\_\_\_\_

\_\_\_\_\_

**Other Treatments/Prior Medications?** *(Please list):* \_\_\_\_\_

**Case Summary/Comments:** \_\_\_\_\_

\_\_\_\_\_

**REFERRING VETERINARIAN INFORMATION:**

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

**Referring Veterinary Hospital:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_