



Consult/ Referral Form

- Standard referral (no phone consult needed)
- Standard phone consult (no referral at this time)
- Phone consult & referral
- SEVO-Med call owner to set up appointment
- Owner will call SEVO-Med to set up appointment
- Referring doctor will set up appointment

DVM/VMD:	_____	Patient:	_____
Hospital:	_____	Species/Breed:	_____
Phone:	_____	Age:	_____
Fax:	_____	Sex:	_____
Email:	_____	Client Name:	_____
		Phone:	_____
		Address:	_____

Reason for consult/referral: _____

****If referral, please fax 6 months of history including; lab work, Dr.'s notes, vaccination history, and email or send X-rays****

Case Summary: _____

