Oakdale Veterinary Group
Stanislaus Counties Premier Veterinary Hospital

20 S. Stearns Road, Oakdale, CA 95361
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www.oakdaleveterinarygroup.com

REFERRAL REQUEST FORM

DATE: ______________

REFERRING DOCTOR: ____

REFERRING HOSPITAL: ____

CLIENT: ____

PATIENT: ____

AGE: __________ BREED: ________________________ GENDER: ______________ WEIGHT: __________ lbs

HISTORY:____

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DIAGNOSIS: ____

PERTINENT MEDICAL HISTORY: ____

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MEDICATIONS: ____

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DIAGNOSTIC TEST RESULTS: ____

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BLOOD WORK: ____

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RADIOGRAPHS: ____

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SPECIAL REQUESTS OR CONCERNS: ____

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NOTE: please attach copies of recent blood work, histopathology and medical records. Please have the client bring the radiographs for the appointment. The radiographs will be given to the client at the time of discharge for return to your clinic.

Thank you for the opportunity to assist with the surgical needs of your client and patient. Please feel free to call should you have any additional questions or concerns.