DVSC Dallas Veterinary Surgical Center

REFERRAL FORM

Dallas
4444 Trinity Mills Rd, Suite 203
Dallas, Texas 75287
T 972.267.8100
F 972.267.8700

Fort Worth
4631 Citylake Blvd. West
Fort Worth, Texas 76132
T 817.370.8000
F 817.370.8001

East Dallas
12101 Greenville Ave, Suite 114
Dallas, Texas 75243
T 972.267.8200
F 214.751.7950

Grapevine
2700 West Highway 114
Grapevine, Texas 76051
T 817.379.5444
F 817.379.0222

Plano
10225 Custer Rd
Plano, Texas 75025
T 214.667.2233
F 214.667.2250

Referring Hospital Information

Date _____ Referring Veterinarian _____

Referring Hospital _____

Phone _____ Fax _____ Email _____

Client Information

Owner Name _____

Address _____

State _____ Zip Code _____ Client E-Mail _____

Home Phone _____ Cell Phone _____ Work Phone _____

Pet Information

Pet Name _____ Breed _____

Age _____ Weight _____ Sex: ☐ Male ☐ Neutered ☐ Female ☐ Spayed

Brief History _____

_____

_____

Tentative Diagnosis _____

Current Medications _____

Procedure(s) Requested _____

Status of Appointment: ☐ **Emergency** ☐ **This week** ☐ **Routine**

Please fax this form to the appropriate hospital location. To download additional copies of this form, visit the "Referring Veterinarian" section at DVSC.com.