



3803 S SHERWOOD FOREST BLVD. BATON ROUGE, LA 70816

(225) 293-6440 FAX: (225) 293-6441

PATIENT REFERRAL FORM

REFERRING VETERINARY HOSPITAL: \_\_\_\_\_ RDVM: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ OTHER: \_\_\_\_\_

WOULD YOU LIKE TO BE CONTACTED AFTER HOURS: YES NO

PREFERRED METHOD OF CONTACT: PHONE FAX EMAIL

DATE: \_\_\_\_\_

OWNER AND PATIENT INFORMATION

OWNER'S NAME: \_\_\_\_\_ PATIENT'S NAME: \_\_\_\_\_

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M F M/N F/S COLOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

RDVM ORDERS/INFORMATION

REASON FOR REFERRAL/MEDICAL ORDERS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INJECTION (DRUG NAMES) TO BE GIVEN	_____	_____
_____	_____	_____
_____	_____	_____
_____	TIMES TO GIVE INJECTIONS	

ROUTE OF INJECTIONS	_____	_____	_____
ORAL MEDICATIONS (DRUG NAMES) TO BE GIVEN	TIMES TO GIVE ORAL MEDICATIONS	I.V. FLUIDS TO BE GIVEN (CATHETER IN PLACE UPON ARRIVAL)	FLUID RATE (ML/HR)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL REQUESTS OR INFORMATION FOR STAFF:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE SEND COPIES OF ANY RECENT BLOODWORK AND RADIOGRAPHS ALONG WITH THE PATIENT TO THEIR APPOINTMENT**

*Thank You for Your Referral!*