



VCSG

Veterinary Care & Specialty Group

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Patient Name: _____

Species: _____ Breed: _____

Age: _____ Male/Female Altered: Y or N Weight: _____ Color: _____

Owner: _____ Phone: _____

Address: _____

Please send copies of medical records, radiographs, and lab results.

Reason for Referral:

Pertinent History:

Current Medication/Treatment:

Referring Veterinarian: _____ Address: _____

Phone: _____ Fax: _____

Email: _____ Date: _____

Referred To: _____

Thank you for your referral!