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Wilson, NC 27896

POINTS EAST
Veterinary Specialty Hospital

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REFERRAL FORM

Surgery
Ultrasound

RDVM INFORMATION

CURRENT DATE: _____

Name: _____
Clinic Name: _____
Clinic Address: _____
Phone: _____ FAX: _____

CLIENT INFORMATION

Owners Name: _____
Address: _____
Home phone: _____ Work phone: _____
Cell phone: _____

PATIENT/PET INFORMATION

Name: _____ Species: _____
Breed: _____ Color: _____
Sex: _____ Birthday: _____ Weight: _____

Reason for Consult / History:

Performed	Sent	Received	
			CBC
			Chemistry
			T4
			Cytology
			Urinalysis
			Radiographs
			Ultrasound

Vaccine history: *Pets must be current on RABIES.*
 Please list date of last vaccine/test and result
 Rabies _____ Dist _____ Bord. _____
 Hwtest _____ Lepto _____ Parvo _____
 Fecal _____ FeLV _____ FVRCP _____
 Is this animal on monthly heartworm preventative:
 Yes No last dose _____

Diagnostics pending? _____

Complete record and history should be FAXed prior to appointment.