

METROPOLITAN VETERINARY SPECIALISTS AND EMERGENCY SERVICE

Phone: 502-266-7007

Fax: 502-266-7375

PATIENT REFERRAL FORM

Date _____

Patient _____

Owner _____

Age/Weight _____

Address _____

Sex: MN M FS F

City/State/Zip _____

Species: Canine Feline Other _____

Phone _____

Breed _____

Patient Problem _____

Case History: _____

Diagnostics Performed (please attach any laboratory/diagnostic reports): _____

Treatment to Date: _____

Referring Veterinarian _____ Telephone / Fax _____

*Animal should not be fed for 12 hours prior to an appointment (water is okay).

Internal Medicine

Catherine A. Daley, DVM
Diplomate, ACVIM

Scott A Campbell, DVM
Diplomate, ACVIM
Diplomate, ACVECC

Neurology

Debbie S. Ruchlmann, DVM
Diplomate, ACVIM (Neurology)

Dentistry

Patrick H. Odenweller, DVM
(Practice Limited to Dentistry)

Dermatology

Holly Roberts, DVM, Diplomate ACVD

Surgery

Aric A. Applewhite, DVM
Diplomate, ACVS

Randall A. Graehler, DVM
Diplomate, ACVS

Benjamin C. Neat, DVM
Diplomate, ACVS

Stephen R. Royals, DVM
Diplomate, ACVS

Kyle Restle, DVM, Diplomate ACVS

Ophthalmology

Jason S. Clark, DVM
Practice Limited to Diseases of the Eye