

**METROPOLITAN VETERINARY
SPECIALISTS**

AND EMERGENCY SERVICE

Phone: 502-266-7007 Fax: 502-266-7375
11800 Capital Way, Louisville KY 40299
vets@metrovetlouisville.com

Case Referred To:

<input type="checkbox"/> Surgery	<input type="checkbox"/> Neurology
<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Dermatology
<input type="checkbox"/> Neurology	<input type="checkbox"/> Emergency
<input type="checkbox"/> Eye Care	

A phone call to our emergency service is appreciated prior to emergency referrals

PATIENT REFERRAL FORM

Date _____	Patient _____
Owner _____	Age/Weight _____
Address _____	Sex: <input type="checkbox"/> MN <input type="checkbox"/> M <input type="checkbox"/> FS <input type="checkbox"/> F
City/State/Zip _____	Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other _____
Phone _____	Breed _____

REFERRING VETERINARIAN INFORMATION

Referring Doctor: _____ Clinic: _____
Address/City/State/Zip: _____
Contact Number: _____ Email: _____

REASON FOR REFERRAL: _____

MEDICAL HISTORY: _____

PERTINENT DIAGNOSTICS FINDINGS: _____

TREATMENTS RECEIVED (including MG dosage and time): _____

What cost estimate, if any, was provided to the owner prior to referral? \$ _____

HOW WILL WE RECEIVE PATIENT'S MEDICAL RECORDS, LAB RESULTS AND IMAGING?

- Attached electronically via email
- Via Fax (502) 266-7375
- Owner will bring a copy