



**Michigan Veterinary  
Specialists**

www.michvet.com

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1425 Michigan St. NE Grand Rapids, MI 49503 P: (616) 284 5300 F: (616) 284 5320

**REFERRAL FORM**

Date \_\_\_\_\_

**Patient Referred To:**

- Cardiology
- Dermatology
- Emergency
- Internal Medicine
- Medical Oncology
- Neurology
- Ophthalmology
- Radiation Oncology
- Radiology
- Surgery

**Emergency Room Release Preferences:**

- Call me at \_\_\_\_\_  AM  PM  
at ( ) \_\_\_\_\_ for review
- Call my office tomorrow for standard follow-up
- Send client and patient to my office
- Refer to MVS specialty service if necessary

**REFERRING VETERINARIAN:** \_\_\_\_\_

CLINIC/PRACTICE NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

Last

First

ADDRESS \_\_\_\_\_

Street

City

State/Zip

HOME PHONE ( ) \_\_\_\_\_ BUSINESS PHONE ( ) \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_ BREED \_\_\_\_\_ SEX \_\_\_\_\_ DOB \_\_\_\_\_

CHIEF COMPLAINT/TENTATIVE DIAGNOSIS

HISTORY:

PHYSICAL FINDINGS:

LABORATORY DATA:(attach additional sheets if possible)

RADIOGRAPHS: (Radiographs Enclosed  Please Return Films )

TREATMENTS (include medication and dosages)

SPECIAL REQUESTS/COMMENTS:

**PLEASE DO NOT WRITE IN THIS AREA**

