

Attached/emailed

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REFERRAL CONSULT REQUEST FORM

Fill the form below and email along with medical records, lab work, and radiographs to **park@alliedervet.com**. Our Brooklyn Park team handles all scheduling. We will contact the client within 72 hours to set up a referral consult appointment (unless marked urgent). **Please call our Brooklyn Park location directly if needing a same day transfer to speak directly with a DVM**.

Medical Records	Lab Results	Radiographs	
-ertinent Medical Flistory	y/ vaccine History		
Pertinent Medical History	v/Vaccine History		
Expectations			
Reason for Referral			
Rabies Due Date	Infectious? Fractious/Aggressive? Yes No Yes No		
Canine Feline		Yes No	
Species	Breed	Sex	
Tame			rreligit (tige)
Patient Information Name		DOB	Weight (kgs)
Email (or fax if no email)			
Address			
Name		Phone	
Owner Information		Dl	
			o
Hospital Phone		Email (or fax if no email)	
Referring Hospital In Hospital Name	<u>iomauon</u>	Referring DVM N	lame
			721110 (11011 digen
Referral Timeline:	<24hrs (please call)	24-48hrs 48-72hrs >72hrs (non-urgent	
Referral Location:	Brooklyn Park	Eden Prairie	
Referral Service:	Surgery	Cardiology (Brooklyn Park)	

Not Performed

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