



# foothills ANIMAL HOSPITAL

## REFERRAL FORM

11769 S Frontage Road Yuma, AZ 85364 • 928-342-0448 (PHONE) • 928-342-0868 (FAX)  
[info@foothillsanimalhospital.com](mailto:info@foothillsanimalhospital.com) • [www.foothillsanimalhospital.com](http://www.foothillsanimalhospital.com)

### Referring Veterinarian Information

Referring Veterinarian's Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Referred Client and Patient Information

Client Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Altered: YES  NO  Age: \_\_\_\_\_

### Service Requested

Computed Tomography (CT)

Ultrasound

Endoscopy

Surgical Consultation

Urgent Care

### Reason for Referral/Exam Findings

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

### Sending Records By:

Fax

Email

With Client

Please include a copy of medical records, lab work and radiographs (if available) with referral

THANK YOU FOR YOUR REFERRAL

Records will be sent back to referring clinic via Email or Fax