CLIENT REFERRAL INFORMATION SHEET

VETERINARY SPECIALISTS OF NORTH TEXAS

Derek Burney, DVM, PhD
Diplomate ACVIM
[Small Animal Internal Medicine]

Stephanie Cook, DVM,
Diplomate ACVR
[Radiation Oncology]

Andrew Kurtzman, DVM,
[Oncology]

Lindsay Robinson, DVM,
[Emergency Medicine]

Carlos Rodriguez, Jr., DVM, PhD
Diplomate ACVIM
[Oncology]

REFERRING HOSPITAL INFORMATION:

Referring Doctor: _____

Hospital Name: _____

Hospital Phone: _____ **Fax:** _____

Hospital Email: _____

PATIENT INFORMATION:

Owner's Name: _____

Owner's Phone: _____

Alternate Phone: _____

Patient's Name: _____

Species: ☐ Dog ☐ Cat **Breed:** _____

Sex: ☐ M ☐ MN ☐ F ☐ FS

Color: _____

Age or DOB: _____ **Weight:** _____ ☐ kg ☐ lb

Patient's Temperament: _____

Presumptive Diagnosis: _____

Diagnostics:

☐ Lab Data Date: _____
☐ Radiographs Date: _____
☐ Ultrasound/Echo Date: _____

Please email, fax, or send with client.

Brief History:

NOTES:

Additional Notes/ Expectations:

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Fort Worth, TX 76132
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