



**Fox Valley**  
**Veterinary**  
Dentistry & Surgery

## Veterinarian Referral Form

### Owner Information

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Co-Owner's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Patient Information

Patient's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_

Breed \_\_\_\_\_ Sex Male Female Neutered Spayed

### Reason For Referral (Include current/prior treatment and laboratory results with this referral form)

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

Present Medications \_\_\_\_\_

Pertinent Medical History \_\_\_\_\_

Known Allergies \_\_\_\_\_ Last Vaccination Date \_\_\_\_\_

### Referring Doctor

Dr. \_\_\_\_\_ Practice \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

We prefer to send referral reports by email, if fax is your preference please check here: \_\_\_\_\_ Fax preferred

If this is the first time you have referred to us, how did you learn about our practice? \_\_\_\_\_

Are you interested in learning about continuing education programs in veterinary dentistry? Yes \_\_\_ No \_\_\_

Would you like us to send additional practice brochures or business cards? Yes \_\_\_ No \_\_\_

p: 847.525.8642

f: 847.488.0705

www.fvuds.com

Additional referral forms and new client information forms can be obtained at our website  
[www.fvuds.com](http://www.fvuds.com) or you may email us with your request.

St. Charles & Chicago