

Veterinary Center for Birds & Exotics Referral Form

Referring veterinarian: _____

Referring hospital: _____

Phone: _____ Fax: _____ Email: _____

Client's name: _____ Pet's name: _____

Client's address: _____

Client's phone number: _____ Date of referral: _____

Pet's species: _____ Age: _____ Gender (Circle): M F MNeutered FSpayed Unknown

Current problem/reason for referral: _____

Previous work-up/pertinent test results: _____

Past/current medical therapies: _____

Past/current surgical therapies: _____

Please have owner bring lab results, doctor's notes, radiographs, and ultrasound reports or any other relevant information. Information may also be faxed prior to appointment to (914)-864-1413.