



PSM General Referral Form Please Include:
 radiographs, copies of laboratory tests and a summary of the medical records.. Referral information may be sent with the client, or sent via fax or email. Phone consults with rDVMs are welcome and

rDVM Information			Date:
Referral to: <input type="checkbox"/> Surgery	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Emergency/Hospitalization	
Referring Doctor:			Phone:
Hospital Name:			Fax:
Hospital Address:			Best Time To Call:
Best Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email			Email Address:

Client Information			
Owner Name:			
Owner Address:			
Pet's Name		Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline	
Breed (best estimate):		Birthdate (best estimate):	Weight:
Current on vaccinations?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
On routine medication?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type:	

Clinical Concerns & Actions
Presenting problem:
History / Pertinent Findings (PE, Labs, Imaging) / Treatment:
Response to Therapy:
Additional Comments:

I have reviewed and completed this form for submission to Pet Specialists of Monterey for the evaluation of my patient. I have explained to my client that Pet Specialists of Monterey charges for services rendered. Outpatients are required to pay in full at time of discharge. Inpatients are required to pay 50% of the estimate at the time of admission and the remaining balance at the time of discharge.

Signature:	Date:
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451 Canyon Del Rey Boulevard
 Del Rey Oaks, CA 93940

Emergency Clinic: (831) 899-7387 (PETS)
 Referral Clinic: (831) 899-4838 (4VETS)