

INTERNAL MEDICINE CONSULT REFERRAL FORM

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Please email completed form to: westbankanimalcarehosp@gmail.com

Date:

Referring Veterinarian:

Referring Clinic:

Email address:

Client name(s):

Client phone number:

Client Email Address:

Name:

Weight:

Species:

Breed:

Sex:

Date of birth:

Any pertinent medical records/lab data/radiographs attached? Yes /No

Tentative diagnosis:

History/Physical Exam findings:

Treatments (include all medications and dosages):

Special requests/comments: