

INTERNAL MEDICINE CONSULT REFERRAL FORM

Hans Gelens, D.V.M, Diplomate ACVIM (Small Animal Internal Medicine)

Please email completed form to: westbankanimalcarehosp@gmail.com

Date:
mm/dd/yyyy

Referring veterinarian

Name:

Clinic:

Phone:

Email:

Client

Name(s):

Phone:

Email:

Animal

Name:

Weight in kg:

Species:

Date of birth:

mm/dd/yyyy

Breed:

Pertinent medical records/lab-data/radiographs attached?

Would you like to be called after the exam with an initial update?

Tentative diagnosis:

History/Physical Exam findings:

Special requests/comments: