Owner/Patient Referral Information

Owner's Name ______________________ **Partner's Name** ______________________

Street ______________________ **City** ______________ **State** ______ **ZIP** ________

Home (   ) ______________ **Work (   )** ______________ **Partner's Work (   )** ______________

Cell (   ) ______________ **Pager (   )** ______________ **Fax (   )** ______________

Occupation ______________________ **Partner's Occupation** ______________________

Employer ______________________ **Partner's Employer** ______________________

Referred By ❏ Primary Care Veterinarian ______________________

❏ Friend/Relative ______________________

❏ Groomer ______________________

❏ Telephone Directory ❏ Other ______________________

Primary Care Veterinarian Name ______________________ Clinic Name ______________________

Address ______________________

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Phone (   ) ______________

Pet Information Name ______________________ Species ❏ Cat ❏ Dog ❏ Other ________

Breed ______________________ Color ______________________

Sex ❏ Spayed Female ❏ Female ❏ Neutered Male ❏ Male

Birthdate Month ________ Day ______ Year ________

Weight __________

Hospital Policy

Referral Ethics: The specialists abide by a referral code of ethics. In the future, if your pet requires medical attention unrelated to the condition for which he/she was referred, please contact your Primary Care Veterinarian.

Estimates: An itemized estimate will be provided for recommended diagnostic and treatment procedures.

Payment: One half of the estimate is required before any procedure is performed. The remaining balance must be paid in full upon release of your pet.

Credit: Allergy & Dermatology Veterinary Referral Center cannot extend credit.

I understand that no guarantee can be made as to the results obtained from medical treatment. Further, I assume financial responsibility for all charges incurred by the patient.

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Signature of Owner or Responsible Agent Date

Your signature confirms that you have read and understand the above stated hospital policy.

Allergy & Dermatology
VETERINARY REFERRAL CENTER

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