



**Referral Form**

Date: \_\_\_\_\_

**rDVM Information**

Doctor: \_\_\_\_\_ Hospital/ Practice: \_\_\_\_\_

Preferred method of contact: E-mail: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_

Fax: (      ) \_\_\_\_\_

**Client/Patient Information**

Client Name: \_\_\_\_\_ Primary phone: (      ) \_\_\_\_\_  
Last First

Patient name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: M/F Neutered? Yes/No

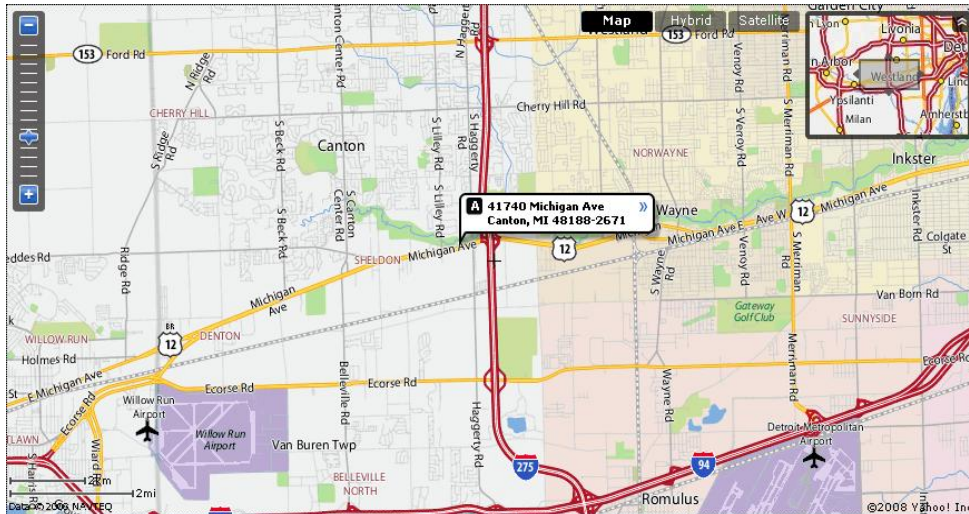
Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Diagnostic test(s) / Treatment(s) to perform: \_\_\_\_\_

**\*\* Please attach/enclose pertinent medical records, laboratory data and radiographs \*\***

Current therapy/medication(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Known drug sensitivities: \_\_\_\_\_



**Advanced Veterinary Care Group is located on the north side of Michigan Avenue just west of Haggerty Road and I-275 in Canton. (In the same office complex as the Choice Urgent Care building)**