

Date: _____

MedVet Dallas
 11333 North Central Expressway
 Dallas, TX 75243
 972.994.9110
Please fax or email this form to:
972.994.0261
info.dallas@medvet.com

Critical Care
 Emergency Medicine
 Internal Medicine
 Medical Oncology
 Mobile Ultrasound
 Neurology/Neurosurgery
 Surgery

MedVet Grapevine
 2700 West State Hwy 114
 Grapevine, TX 76051
 682.223.9770
Please fax or email:
682.223.9771
info.grapevine@medvet.com

Cardiology

MedVet Urgent Care
 401 W. President George Bush Hwy
 Richardson, TX 75080
 972.479.9110
Please fax or email:
972.331.5793
medvet-richardson@medvet.com

Urgent Care

Type of Care Needed:

Emergency (same day)
 Urgent (1-3 days)
 First Available

For internal use only
 If referral appointment had been scheduled, please note:
Date: _____ **Time:** _____

Emergency Follow-up Preferences:

Call me at _____ AM PM at (_____) _____ for review
 Call my office tomorrow for standard follow-up
 Refer to MedVet Specialty Dept. if necessary
 Send client and patient to office
 Email _____ Fax Report _____

Referring Veterinarian: _____ **Clinic/Practice Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Daytime Phone: (_____) _____ **Fax:** (_____) _____ **Evening Phone:** (_____) _____

E-mail address: _____ **Communication Preference:** Phone Fax E-mail

Client Name: _____ **Patient Name:** _____

Address: _____ **Phone:** (_____) _____

Canine Feline Other **Breed:** _____ **Sex:** M MN F FS **Age:** _____

See Records Attached

Presenting Complaint:

History:

Physical Examination Findings:

Pertinent Laboratory Results:

Treatment Schedule:

Differential Diagnosis/Reasons for Referral:

