



HEART OF TEXAS VETERINARY SPECIALTY CENTER

115 E. Old Settlers Blvd | Round Rock, TX 78664
512-744-4644 Office | 512-744-4648 Fax
"Emergency and Critical Care Available 24/7"

Patient Referral Form

Referring Veterinarian _____ Phone _____

Practice _____ Fax _____

DVM's preferred method of communication:

___ Fax ___ Phone ___ Email (address) _____

Referred Client Last Name _____ First name _____

Patient name _____ Age _____ Species: Canine Feline

Breed _____ Sex: Male Female Altered

Vaccinations: All are current Current on Rabies only All are over due

Referral to: (please choose service below)

- Acupuncture/ Chiropractic Care Cardiology Emergency or Critical Care
- Internal Medicine Oncology Surgery Other _____

Reason for referral _____

Immediate history _____

Current Medications	Dosage	Last given
1.		
2.		
3.		
4.		

Previous Diagnostics: CBC Chem Panel UA Coagulation panel Histology
 Cytology Thyroid Panel Radiographs _____

Other/Comments: _____