

REFERRAL / CONSULTATION REQUEST FORM

PARKS VETERINARY HOSPITAL 3010 N. North Rd, Grand Island, NE 68803
P: 308.384.6272 F: 308.384.0984 E: referrals@parksveterinary.com

REFERRAL INFORMATION

All fields are required.

Check to update contact information

Emergency - Sending ASAP: Please call 308.384.6272

Owner will Schedule

Consultation/Referral:

Referral Re-check

Phone or Email Consultation w/ Possible Referral

Referral in Person

Service Requested:

Echo
Scope

CT Scan
Other

Ultrasound

Referring DVM:

DVM Email:

Telephone:

Fax:

Address:

Address 2:

City:

State:

Zip Code:

* Please contact our Referral Coordinator at 308.384.6272 if your contact information changes.

Client's Name:

Email:

Home Phone:

Cell Phone:

Address:

Address 2:

City:

State:

Zip Code:

PATIENT INFORMATION:

All fields are required.

Name:

Species:

Patient Sex:

Breed:

Known Allergies:

Date of Birth:

Patient Color:

Vaccination Status:

Reason For Referral:

On routine medication (heartworm, thyroid, others):

Type:

REFERRING DVM CONTACT PREFERENCES:

Preferred Contact Method:

Current Therapy (include dates and dosages):

Patient History:

Current Physical Findings:

Problem/Tentative diagnosis:

Radiographic findings; clinical pathology and special diagnostic exam: (please send copy with client if available):

Additional Information:

Attach Laboratory results, radiographs and medical records below. If submitting radiographs, please include at least two views.

I have explained to my client that the Parks Veterinary Hospital charges for services rendered. Outpatients are required to pay in full at time of discharge. Inpatients are required to pay 50% of the estimate at time of admission and to pay the remaining balance at discharge.

I have explained to my client that the Parks Veterinary Hospital does **NOT** employ any veterinary specialists and that referral to a credentialed veterinary specialist is the most ideal route medically; but that Parks Veterinary Hospital offers advanced services to provide another option when referral to a veterinary specialist is not feasible.

Print and Fax Form to 308.384.0984

or

Email completed Form to referrals@parksvet.com

Call 308.384.6272 to verify receipt of Form & to Schedule an Appointment