



# Ruidoso Animal Clinic Referral Form

## Referring Hospital Information:

Date: \_\_\_\_\_ Referring Veterinarian: \_\_\_\_\_

Referring Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Method: Fax  Email

## Client Information:

Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Secondary Phone \_\_\_\_\_

## Pet Information:

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered: \_\_\_\_\_

## Service Requested:

- Endoscopy     Echocardiogram     Abd. Ultrasound     Rhinoscopy  
 TPLO     Fracture Repair     Patellar Luxation     Extracapsular ACL Repair  
 Other \_\_\_\_\_ Status:  Urgent     Non-urgent

Brief History (Please email all completed diagnostics with patient records): \_\_\_\_\_

- Lab Data     Radiographs     Pending Diagnostics

Tentative Diagnosis: \_\_\_\_\_

Current Medications: \_\_\_\_\_

For Orthopedic Procedures, would you like the follow-up exams and radiographs completed at the Ruidoso Animal Clinic?     Yes     No

Please email this completed form to [ruidosoanimalclinic@gmail.com](mailto:ruidosoanimalclinic@gmail.com)

Please include all relevant lab work, diagnostics, and patient medical history in email.

