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

AAHA ACCREDITED The Standard of Veterinary Excellence
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