



Please have your client bring the completed form at the time of their appointment. Include copies of current laboratory reports and pertinent radiographs. The radiographs will be returned to you by your client. If an ultrasound guided biopsy is anticipated, please include coagulation profile results.

**Multi-Specialty Referral & Emergency Hospital**

3250 Veterans Highway • Bohemia • New York • 11716 • 631-285-7780 • fax: 631-285-7781

**Owner Information**

Name: \_\_\_\_\_  
 Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_  
 Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

**Referring Veterinarian Information**

Name: \_\_\_\_\_  
 Hospital: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Chief Complaint & Pertinent History: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Drug Therapy: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pertinent Laboratory Data: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Radiographic & ECG Findings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Procedure Required: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

