168 Crawley Falls Rd.
Brentwood, NH 03833
Ph: 603.642.911 Fax: 603.642-9115
www.veshnh.com

Veterinary Emergency & Surgery Hospital of Brentwood

Referral Form

Veterinarian_____ Client's Name_____

Hospital_____ Address_____

Address_____ City, State_____

City, State_____ Zip Code_____Phone_____

Zip Code_____Phone_____ Work Phone_____

Fax_____

Patient's Name_____Species_____Breed_____Sex_____Age_____Weight_____

Please circle service requested:

Emergency **Orthopedic** **Soft Tissue Surgery** **Ultrasound**

History:_____

Physical Exam and Diagnostic Test Results:_____

Treatment:

Drug	***Dosage***	***Route (PO, IV, SC)***	***Frequency***	***Time Last Dose Given***

Fluid Type	***Route (IV, SC)***	***Rate***	***Total Volume Given***

Radiographs Sent: Yes/No (Please Circle) Number of Films Sent_____

Laboratory Results Sent: Yes/No (Please Circle)