



DALLAS VETERINARY SURGICAL CENTER

REFERRAL FORM

Referring Hospital Information

Date _____ Referring Veterinarian _____
Referring Hospital _____
Phone _____ Fax _____ Email _____

Client Information

Owner Name _____
Address _____
State _____ Zip Code _____ Client E-Mail _____
Home Phone _____ Cell Phone _____ Work Phone _____

Pet Information

Pet Name _____ Breed _____
Age _____ Weight _____ Sex: Male Neutered Female Spayed
Brief History _____

Tentative Diagnosis _____

Current Medications _____

Procedure(s) Requested _____

Status of Appointment: Emergency This week Routine

Please fax this form to the appropriate hospital location.
This form may also be submitted on our website under the "Veterinarians" section of DVSC.com.

Fort Worth
4631 Citylake Blvd. West
Fort Worth, Texas 76132
T 817-370-8000 | F 817-370-8001

Grapevine
2700 West Highway 114
Grapevine, Texas 76051
T 817-379-5444 | F 817-379-0222

North Dallas
4444 Trinity Mills Rd., Ste. 203
Dallas, Texas 75287
T 972-267-8100 | F 972-267-8700

Plano
10225 Custer Road
Plano, Texas 75025
T 214-667-2233 | F 214-667-2250