

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 (Please send all completed diagnostics along with the patient records.) _____

Lab Data

Radiograph

Ultrasound

CT/MRI

Pending Tests:

Tentative Diagnosis _____

Current Medications _____

Procedure(s) Requested _____

Status of Appointment: Emergency This week Routine
(Please note for all emergency referrals we require a doctor to call one of our locations.)

Please fax or email this form to the appropriate hospital location.

Referrals may also be made via our online Referral Portal found 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
fortworth@dvsc.com

Grapevine

2700 West Highway 114
Grapevine, Texas 76051
T 817-379-5444 | F 817-379-0222
grapevine@dvsc.com

North Dallas

4444 Trinity Mills Rd., Ste. 203
Dallas, Texas 75287
T 972-267-8100 | F 972-267-8700
dallas@dvsc.com

Plano

10225 Custer Road
Plano, Texas 75025
T 214-667-2233 | F 214-667-2250
plano@dvsc.com