

8049 Brookville Road Indianapolis, Indiana 46239 317-353-6143 (phone) \* 317-322-9605 (fax) info@brookvilleroadvet.com

## **Surgery Referral Information**

| Client Name:               |                                   |                         | Date:           |              |                   |     |
|----------------------------|-----------------------------------|-------------------------|-----------------|--------------|-------------------|-----|
| Address:                   |                                   |                         |                 |              |                   |     |
| City:                      |                                   | Zip:                    |                 |              |                   |     |
| Phone:                     |                                   | Email:                  |                 |              |                   |     |
|                            | Patien                            | t Informatio            | on .            |              |                   |     |
| Pet Name:                  | B                                 | reed:                   |                 |              |                   |     |
| Age: Sex:                  | M MN F FS Weight:_                |                         | Color:          |              |                   |     |
| Medications patient is cur | rently taking:                    |                         |                 |              |                   |     |
|                            |                                   |                         |                 |              |                   |     |
|                            | cal history (seizures, drug sensi |                         |                 |              |                   |     |
|                            | Referring Vete                    | erinarian Info          | ormation        |              |                   |     |
| Referring Clinic:          |                                   | Referring Veterinarian: |                 |              |                   |     |
| Address:                   |                                   | City:                   |                 | _ State:     | Zip:              |     |
| Phone:                     | Fax:                              | Ema                     | ail:            |              |                   |     |
| Reason for Referral:       |                                   |                         |                 |              |                   |     |
| Diagnostic Findings:       |                                   |                         |                 |              |                   |     |
| Recent lab work available  | ? Yes/No (Please submit with fo   | orm) Radiogra           | aphs? Yes/No (F | Please email | or send with clie | nt) |

Earl Dryden, DVM and Kate Fitzwater, DVM, MS, DACVS are available for surgical consultations

Please fax 317.322.9605, or email completed form to info@brookvilleroadvet.com