



**Veterinary Surgical Center
of Lona Island**
<http://www.vscli.com>

Veterinarian Service Request Referral Form

188 East Main Street
Huntington, NY 11743
Tel: 631-517-1773
Fax: 631-517-1753

Referring Clinic Information:		Today's Date:	
Referring Veterinarian First and Last Name:		Name of Referring Clinic/Practice Name:	
Clinic/Practice Street Address:		City:	State: Zip Code:
Clinic/Practice Phone:	Alternate Phone #:	Fax Number:	
Email:	Communication Preference:	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email

Client and Patient Information:			
First Name:	Last Name:	M.I.	Add'l Owner(s)
Street Address:		City:	State: Zip Code:
Home Phone:	Cell Phone:	Work Phone:	
Client Email:	Other Information:		

Patient Information:			
Pet's Name:	Species:	<input type="checkbox"/> Canine	<input type="checkbox"/> Feline <input type="checkbox"/> Other (specify):
	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male Neutered <input type="checkbox"/> Female Spayed
Breed:	Patient Date of Birth or Age:		
Pet's Color:	Patient Weight (indicate lb vs kg):		
Patient Temperament:			

Veterinarian Service Request:	
<input type="checkbox"/> Surgical Consultation	<input type="checkbox"/> Emergency Service

Services Requested:



**Veterinary Surgical Center
of Lona Island**
<http://www.vscli.com>

Veterinarian Service Request Referral Form

188 East Main Street
Huntington, NY 11743
Tel: 631-517-1773
Fax: 631-517-1753

Presenting Problem:
Medical History:
Pertinent Laboratory Results:
Pertinent Diagnostic Imaging Results (Radiographs, Ultrasound, MRI, CT):
Treatments Performed, Medication with Dosages, Last Time Given:
Current Medications: