



**Veterinary Surgical Center
of Long Island**

Veterinarian Service Request Referral Form

188 East Main Street
Huntington, NY 11743
Tel: 631-517-1773
Fax: 631-517-1753
Email: VSCLI@VSCLI.com
<http://www.vscli.com>

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 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:



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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: