



1-877-604-8366  
www.dermatologyforanimals.com

## Referral Form

Referring Veterinarian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Client Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Canine  Feline  Equine  Other

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

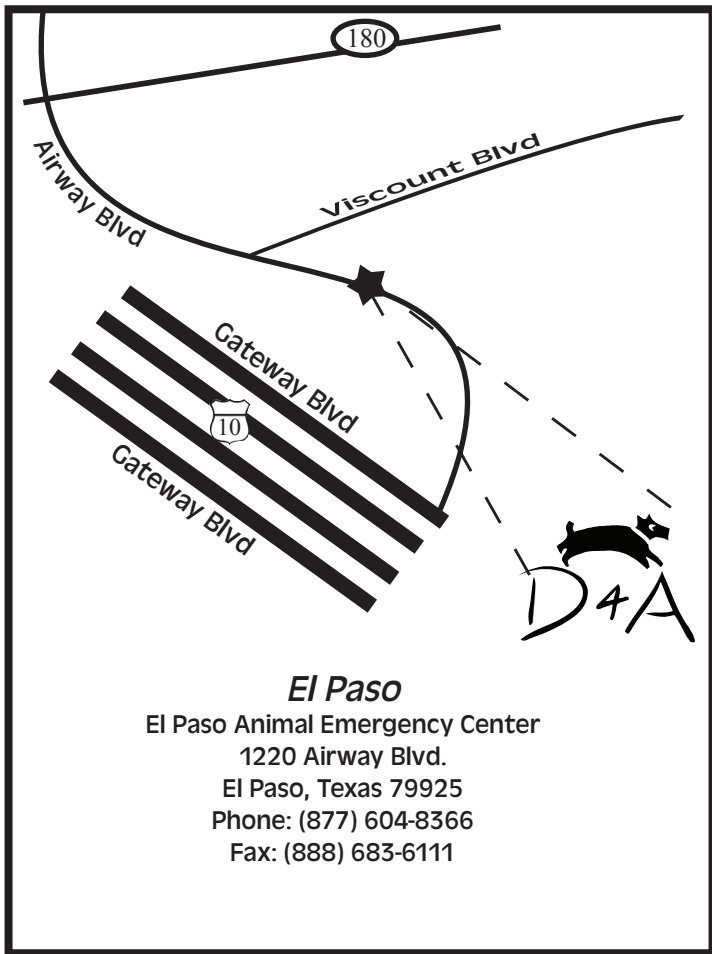
M  MN  F  FS

Age: \_\_\_\_\_ weeks/months/years

Reason For Referral:

- Please fax referral form, records directly related to medical condition, and any original lab results
- Send this copy of the referral form along with your client
- Please call our office if there is any immediate information that you need to relay about this case

*Our mission is to serve the clients and referring veterinarians by improving the quality of pets' lives through specialized knowledge and care in the field of dermatology. Thank you for the opportunity to participate in the treatment of this patient.*



***El Paso***

El Paso Animal Emergency Center  
1220 Airway Blvd.  
El Paso, Texas 79925  
Phone: (877) 604-8366  
Fax: (888) 683-6111

