

Referring Veterinarian's Information (Please fill out as completely as possible):

- First Name: _____
- Last Name: _____
- Phone Number: _____
- Clinic: _____
- Email: _____

Client's Information:

- First Name: _____
- Last Name: _____
- Phone number: _____
- Alternate phone: _____
- Email(s): _____

Patient's Information:

- Patient's Name: _____
- Species: _____
- Weight : _____
- Breed: _____
- Age: _____
- Sex: _____

Medical Information

Primary Problem(s)

Pertinent Medical History

Previous surgical and/or other procedure(s) and date(s)

Please fill out this referral form and attach it along with the medical record. Please attach links or jpegs of any pertinent imaging to the clinic at tlcveterinarsurgery@gmail.com attn Kiersten Studer. This is the preferred method of contact.

Alternatively, you can fax handwritten records to 815-235-1403 attn Kiersten Studer.

After, we review the information you send. We will contact your client at the contact info provided to set up consultation or surgery.

Please feel free to call the clinic at 815-235-1401 for more information.