

Date: \_\_\_\_\_

**MedVet Northern Utah**  
 2465 N. Main St. Ste 12A  
 Sunset, UT 84015  
 801.776.8118  
**Please fax or email this form to:**  
**801.776.6604**  
**info.nutah@medvet.com**

Emergency Medicine  
 Critical Care  
 Internal Medicine  
 Medical Oncology  
 Radiology  
 Surgery

Emergency Follow-up Preferences:

Call me at \_\_\_\_\_  AM  PM at ( \_\_\_\_\_ ) \_\_\_\_\_ for review  
 Call my office tomorrow for standard follow-up  
 Refer to MedVet Specialty Dept. if necessary  
 Send client and patient to office  
 Email \_\_\_\_\_  Fax Report \_\_\_\_\_

**For internal use only**

If referral appointment had been scheduled, please note:  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Referring Veterinarian:** \_\_\_\_\_ **Clinic/Practice Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Daytime Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Fax:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Evening Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Communication Preference:**  Phone  Fax  E-mail

**Client Name:** \_\_\_\_\_ **Patient Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

Canine  Feline  Other **Breed:** \_\_\_\_\_ **Sex:**  M  MN  F  FS **Age:** \_\_\_\_\_

See Records Attached

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**Presenting Complaint:**

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**History:**

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**Physical Examination Findings:**

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**Pertinent Laboratory Results:**

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**Treatment Schedule:**

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**Differential Diagnosis/Reasons for Referral:**

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