



# Veterinary Emergency & Specialty Hospital

*Dedicated to supporting veterinarians and providing compassionate and exceptional care for their patients*

## Consultation Request Form

Internal Medicine Consult       Cardiology Consult       Other \_\_\_\_\_

Referring Clinic/Hospital Name: \_\_\_\_\_

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

RDVM Phone \_\_\_\_\_ Best time to call \_\_\_\_\_ Interrupt?    Yes    No

Pet Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

Diagnosis or Problem

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Significant History

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Laboratory and Pathology Results

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Other diagnostics (radiographs, ultrasounds)

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Current Treatment or Special Instructions

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You can visit our website for more information and to download or print additional forms,  
at [www.veshdeerfield.com](http://www.veshdeerfield.com) in the "For RDVMs" section.