

# VETERINARY HEALING ARTS

## PATIENT REFERRAL FORM

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

### PATIENT INFORMATION

Client's Name: \_\_\_\_\_  
Client's Phone: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_  
Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Other: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Age: \_\_\_\_\_  
Sex: M CM F SF

### REFERRING HOSPITAL INFORMATION

Hospital: \_\_\_\_\_  
Dr.: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_   
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**History and Records can be faxed or emailed. See contact information at bottom of form.**

Case History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnostics Performed (please attach any laboratory and/or other diagnostic reports: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment/Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for entrusting Veterinary Healing Arts, Inc. We will send a referral update after your client has been seen by Dr. Tapp. This will include a diagnosis, the tests that were performed and a recommended course of action.

**2740 South County Trail, East Greenwich, RI 02818**  
**401.885.1163 (phone) / 401.885.1165 (fax) / info@vethealingarts.com**