

Portland Veterinary Specialists

2255 Congress Street Portland, ME 04102

Phone: 207-780-0271 Fax: 207-780-0272 Email: petvet@prtlvet.com

Referring Veterinarian: _____

Hospital/Clinic: _____

Phone: _____ Fax: _____

Date: _____

Internal Medicine Consult

Bronchoscopy

Colonoscopy

Cystoscopy

Gastrosocopy

Rhinoscopy

Ultrasound

Oncology Consult

Acupuncture Consult

Cardiology Consult

Dermatology Consult

Radioactive Iodine Therapy Consult

Surgery/Orthopedic Consult

Client Information

Name: _____ Phone: _____

Address: _____

City: _____ St: _____ Zip: _____

Patient Information

Name: _____

Species: _____ Breed: _____

Age: _____ Sex: M MN F FS

• Chief Concern: _____

• Contributing History: _____

• Histopathology/Cytology Date and Results: _____

• Current Treatments / Medications: _____

• Date of most recent Heartworm Test: _____ Results: _____

• Date of most recent Rabies vaccination: _____ 1 year or 3 year (Please Circle)

(PLEASE ATTACH A COPY OF THE CERTIFICATE)

• Special Comments/Requests: _____

****PLEASE ATTACH ANY LABORATORY ANALYSES PERFORMED WITHIN THE LAST 30 DAYS,**

OR THAT ARE PERTINENT TO THE PRESENTING PROBLEM –

PLEASE E-Mail or SEND RADIOGRAPHS WITH OWNERS**