

**Pittsburgh Veterinary Specialty and Emergency Center (PVSEC)**

807 Camp Horne Rd., Pittsburgh, PA 15237

Phone: 412-366-3400 Fax: 412-366-3489

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

I am referring this case to the following service (please check one):

- Cardiology       Critical Care       Dermatology       Dentistry       Emergency
- Internal Medicine       Neurology       Oncology       Ophthalmology       PetsDx(MRI/CT)
- Radiation Therapy       Surgery       Surgical Radiographic Consultation

**REFERRING VETERINARIAN:** \_\_\_\_\_

PRACTICE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ PATIENT NAME: \_\_\_\_\_

Address 1: \_\_\_\_\_ Species: \_\_\_\_\_

Address 2: \_\_\_\_\_ Breed: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered? **Y N**

Work Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

Cell Phone: \_\_\_\_\_ Vaccine Status: \_\_\_\_\_

**REASON FOR REFERRAL:** \_\_\_\_\_

**PERTINENT HISTORY:** \_\_\_\_\_

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**LAB RESULTS** (fax blood work, cytology, & biopsy reports; send x-rays with owner)

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**MEDICATIONS (DOSAGE / DURATION / RESPONSE) :**

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**REMARKS OR REQUESTS:** \_\_\_\_\_

Please discuss the cost of specialty care with your client prior to referral.  
A tentative estimate will be provided when they call to make an appointment.

**Office Use:** Estimate: \_\_\_\_\_ Priority: \_\_\_\_\_ Initials: \_\_\_\_\_