



VETERINARY
cancer care

Veterinary Cancer Care, PC
649 Harkle Rd, Suite C
Santa Fe, NM 87505
Ph 505/982-4492 Fax 505/982-1701

Veterinarian Referral Request

Referring Doctor _____
Referring Hospital _____
Address _____ City _____ Zip _____
Phone _____ Fax _____ Email _____

Name of Client _____
Address of Client _____
Home Phone _____ Business Phone _____ Email _____
Patient's Name _____ Age _____ Birth date _____
Species _____ Breed _____
Sex () F () SF () M () NM

Tentative Diagnosis/Chief Complaint _____

History/Physical Findings _____

Laboratory, Biopsy, Cytology Findings (please fax copies) _____

Radiograph and Ultrasound Findings (please send films with client, they will be returned)

Treatments (please include all current medications and dosages) _____

Other health problems, allergies, drug/diet restrictions and precautions _____

Please have your client call to schedule an appointment