



Referral Request Form (Soft Tissue)

Referring Veterinarian \_\_\_\_\_ Referring Hospital: \_\_\_\_\_  
Pet's name: \_\_\_\_\_ Client's name: \_\_\_\_\_  
Pet's DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight(kg): \_\_\_\_\_  
Sex: Male Female Altered: Yes No

Diagnosis: \_\_\_\_\_

Location (if applicable): \_\_\_\_\_ Side (if applicable): RIGHT LEFT

Cytology/histopathology results? \_\_\_\_\_

Radiographs performed? YES NO

Radiology review performed? YES NO

Thoracic radiographs performed? (required for all trauma causes) YES NO

Bloodwork performed? (required within 1-2 weeks for all surgeries) YES NO

**\*\*Please email all cytology/histopath, bloodwork, radiographs, and radiology reports to XXXXXXXX\*\***

Please list all medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any co-morbidities? (ex: endocrinopathies, renal/hepatic disease, cardiac disease)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other relevant information to patient/case?

\_\_\_\_\_  
\_\_\_\_\_