



Miami Veterinary Specialists
 8601 Sunset Drive • Miami, FL 33143
 (305) 665 - 2820 • Fax: (305) 665-2821
 www.mvshospital.com

Referral Information Form

Appointment Date & Time _____

Reason for visit _____

Referring Veterinarian _____

Dr. _____ Hospital _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Owner/Client

Name _____ Spouse's Name _____

Street Address _____

City _____ State _____ Zip _____

Home Number _____ Other Contact Number _____

Work Number _____ Employer _____

Patient

Pet's Name _____ Date of Birth _____ Species _____

Color/Markings _____ Breed _____

Male Female Spayed Neutered Most recent vaccination dates _____

Known allergies or drug reactions _____

Patient History

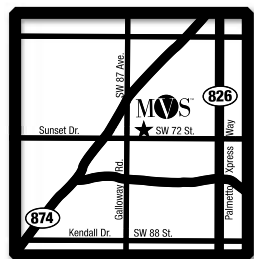
Summary of History and Physical Exam Findings _____

Diagnostic Tests Performed & Results _____

Drugs Administered, Dosage, & Results _____

Reason for Referral _____

Special Requests/Comments _____



Please note that appointments are taken by referral only. Throughout the patient's treatment, we maintain open communication with the primary care vet, and upon completion of the treatment the patient will return to their veterinarian for routine care.

Please feel free to discuss any part of the MEDICAL PLAN with the staff.
PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Your pet must be parasite free upon admission to the hospital. This policy is to prevent unnecessary transmission of parasites to other patients as well as the protection of your pet. If your pet has parasites, they will be treated at your expense. Thank you.