



# Stahl Exotic Animal Veterinary Services

## *Veterinary Referral Form*

1. If this is an emergency referral, please call our office immediately at 703-281-3750.
2. For other referrals, complete this form first, and fax to 703-281-3730, or email to [records@seavs.com](mailto:records@seavs.com). Include medical records, laboratory reports, and/or any diagnostic imaging. Please be sure handwritten notes are legible.
3. Call 703-281-3750 to confirm receipt of form/information or with any questions.
4. Schedule the referral appointment directly with our office, or have the client call our receptionists to schedule the appointment at their convenience.

<b>REFERRING VETERINARIAN</b>		<b>CLIENT NAME</b>	
<b>NAME OF CLINIC</b>		<b>CLIENT ADDRESS</b>	
<b>CLINIC ADDRESS</b>		<b>CLIENT PHONE</b>	<b>CLIENT EMAIL</b>
<b>CLINIC PHONE</b>	<b>CLINIC FAX</b>	<b>PATIENT NAME</b>	<b>PATIENT'S AGE/DOB</b>
<b>CLINIC EMAIL</b>		<b>SEX</b>	<b>SPECIES/BREED/MORPH</b>
<b>CHIEF CONCERN</b>			
<b>BRIEF CLINICAL HISTORY &amp; CURRENT MEDICATIONS/SUPPLEMENTS</b>			
<b>ADDITIONAL INFORMATION (CHECK ALL APPLICABLE STATEMENTS)</b>			
<input type="checkbox"/> Medical records and all pertinent diagnostic tests have been faxed to 703-281-3730			
<input type="checkbox"/> Medical records, all pertinent diagnostic tests, and/or imaging information have been emailed to <a href="mailto:records@seavs.com">records@seavs.com</a>			
<input type="checkbox"/> Medical records, all pertinent diagnostic tests, and/or imaging information will be brought to appointment by the client			