

# Referral Form

Live Oak Animal Hospital |



## Referring Hospital Information

Date: \_\_\_\_\_ Referring Veterinarian: \_\_\_\_\_  
Referring Hospital: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Client Information

Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

## Pet Information

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered: \_\_\_\_\_

**Brief History (please send all completed diagnostics with patient records.):** \_\_\_\_\_

- Lab data                       Radiographs                       Ultrasound  
 Pending tests: \_\_\_\_\_

Tentative Diagnosis: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Procedure(s) Requested: \_\_\_\_\_

Will the patient resume care with your clinic after requested procedure(s)? \_\_\_\_\_

Status of Appointment?

- Emergency                       This week                       Routine

**Please email this completed form to [liveoaklubbock@att.net](mailto:liveoaklubbock@att.net)**

\*Please include all relevant lab work, diagnostics, and patient medical history in email

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