

A DERMATOLOGY Referral Form

THIS FORM IS RECOMMENDED FOR USE BY VETERINARIANS to provide a basic case summary when referring a new case to a dermatology specialist. Please note that your dermatologist may have their own form which may require additional information.

DATE

REFERRING VETERINARIAN INFORMATION

DVM

Hospital

Phone

Fax

Email

CLIENT INFORMATION

Pet

Dog

Cat

Other

Age

Sex

Breed

Owner Name

Owner Phone

MAIN COMPLAINT (Please provide important information about this case and your reason for referral)

I have included all prior diagnostic reports performed relative to the skin disease (e.g. culture results, histopathology report, blood work, thyroid panel, etc)

CURRENT MEDICATIONS USED (Please list all current medications used)

I have asked the pet owner to bring all current medications (including topical) to their initial referral consultation.

OTHER (Optional; Any other important comments about this case)

Please telephone if there is any special or immediate information that you need to share or receive.