



Veterinary Surgery of Birmingham

2864 Acton Road • Birmingham, AL 35243
Phone: (205) 967-9107 • Fax: (888) 935-1444
www.vetsurgerybirmingham.com



Referral Form

NEW FAX NUMBER: (888)935-1444

Date: _____

Referring Veterinarian and Clinic Information

Referring Veterinarian: _____

Referring Practice: _____

Address: _____ City: _____ State: _____

Telephone: _____ Fax: _____

Clinic Email: _____

Owner and Patient Information

Owner Name: _____

Patient name: _____

Address: _____

Species: _____ Color: _____

Address: _____

Breed: _____

Home Phone: _____

Sex: _____ Neutered? **YES NO**

Cell/Work Phone: _____

Age: _____ Weight: _____ lbs

Email: _____

Vaccine Status: _____

Condition of Patient: Healthy Stable Critical

Reason for Referral: _____

History: _____

Diagnostic Tests Performed **(please send copy of diagnostic results and/or radiographs with owner):** _____

Treatments/Medications (please include dates, dosing, and response to treatment): _____

Additional Comments: _____

Please include copy of recent medical records pertaining to this referral. We will call the owner to set up an appointment. A summary of our findings, treatments, and discharge instructions will be faxed to you as soon as possible – Please do not hesitate to call any time.