



Veterinary Specialty Center
OF OHIO

Veterinary Specialty Center of Ohio

210 Farnsworth Rd.

Waterville, Ohio 43566

419-210-8110

info@vsco.vet | www.vsco.vet

Patient Referral Information

Referring Veterinarian: _____ Hospital Phone: _____

Referring Hospital: _____ Hospital Fax: _____

Email Address: _____

Do you wish to be contacted after hours for consult? No Yes Contact: _____

Client: _____ Patient: _____

Species: _____ Breed: _____

Age: _____ Weight: _____ Sex: M N F S

Reason for Referral: _____

Brief History: _____

Physical Findings: _____

Diagnostics

Bloodwork findings: _____

Radiograph findings: _____

Other: _____

Treatment/Medications (include concentration of drug, time given, frequency and route):

Requests/Comments/Treatment Plan Preferred: _____

* Please send this form, copies of lab work, records and radiographs with patient. Alternatively, records can be emailed to info@vsco.vet by referring veterinarian prior to day of appointment. Please email any x-ray images that are available.