



Scottsdale Veterinary Specialty
and
Emergency Center
REFERRAL FORM

22595 N Scottsdale Rd
Scottsdale, AZ 85255
Phone: (480) 339-2200

SCOTTSDALE
VETERINARY SPECIALTY
AND EMERGENCY CENTER

www.scottsdalevetspecialists.com

Arizona Veterinary Oncology, PLLC
Fax: 480-320-3120

Desert Veterinary Medical Specialists
(Cardiology)
Fax: 480-365-0641

Blue Pearl Specialty and Emergency
Fax: 480-481-0036

Eye Care for Animals
Ph: 480-948-2362 / Fax: 480-367-6929

Dermatology for Animals, PC
Fax: 480-635-1177

Southwest Veterinary Surgical Service, PC
Fax: 480-656-5766

Referring Veterinarian's Name: _____ Date: _____

Hospital Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Email: _____

Client Name: _____

Home Phone: () _____ Work Phone: () _____

Cell/Other: () _____

Patient Name: _____

Species: _____ Breed: _____ Color: _____

Sex: _____ Altered: Y N Age: _____

Primary Complaint/Reason for Referral: _____

If you feel extra information is needed, please attach additional page(s).

In addition to this form, we ask that you send all radiographs, ultrasound, CT and MRI images (even if they have no significant findings) with the client, and we will return them to your office.
You may also email digital copies. Please call for the email address.

Please fax or email all original lab reports to the office, as well as all records directly relating to this medical condition. The fax number is listed under each practice above. Please call the specialist if there is any immediate information you need to relay about this case.

Thank you for the opportunity to participate in the treatment of this patient.