



Animal Eye Specialists

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rDVM REFERRAL REQUEST FORM

Veterinarian Information

Date: _____

Name: _____

Clinic: _____

Pet and Owner Information

Pet: _____ Breed: _____ Age: _____

Owner: _____ Sex: M Mn F Fs

Clinical Signs and History

Eye Involved: Right Left Both Duration of signs: _____

Clinical findings and therapy: _____

Tentative Diagnosis and Concerns

Please fax this form along with pertinent laboratory test results to us, have the owner bring the form with them, or call us with the referral information. **Thanks for the Referral.**

Check here if you would like us to fax you more referral forms