



2505 South 80th Street
Tacoma, WA 98409
Phone (253) 983-1114
Fax (253) 983-1115
www.summitvets.com

DVM Phone Consultation Request

If your patient requires urgent (within 48 hours) assistance, please call us directly to speak with a doctor. For nonurgent information requests, we appreciate your willingness to fill out this simple form. We will make every effort to get back to you in a timely manner but cannot guarantee a specific window.

Please note that we are unable to participate in detailed case management on a remote basis, and intend this service primarily to provide general information or guidance in determining if referral is appropriate.

Today's date: _____ Doctor/service requested: _____

Your name: _____ Phone: _____

Hospital: _____ Fax: _____
(Please include alternate numbers if applicable)

Best times/days to reach you: _____

Unavailable times/days: _____

Pet Name: _____ Client name: _____

Breed: _____ DOB: _____ Sex: _____

Diagnosis/problem: _____

If you are with a client when we call, do you wish to be interrupted? Yes No

Specific questions/goals of consult:

****For oncology consultations, please also fax applicable cytology/biopsy and imaging reports.**

This service is intended to provide basic information as a professional courtesy and does not create a valid doctor/client/patient relationship. The requesting veterinarian is responsible for the care of the pet referenced above. 7/10