



Veterinary Oncology Services

PATIENT REFERRAL FORM

Please provide the following information

Referring Doctor	Phone Number
Referring Hospital	Fax Number
Client Name	Patient Name
Client Phone	Species / Breed / Sex / Age

How would you prefer to be contacted about this case?

Phone Fax Email _____

Presenting Complaint: _____

Case History: Please include duration of illness, clinical signs, lab results, imaging reports (please send radiographs with owner), recent and current medications and doses), and treatments—

Feel free to email information and radiographs to info@petcancerinformation.com:

Specific comments, concerns of referring / primary care veterinarian:

For an appointment or to discuss a case, please call *845.205.2768*.
Thank you in advance for the above information and for your trust in our care.

Tel *845.205.2768* • Fax *845.205.2938*
• www.petcancerinformation.com
• info@petcancerinformation.com