



Address: PO Box 1262, Clayton, CA 94517
Phone: 925-305-3745 Fax: 888-230-4043
Email: vetbehaviorspecialists@gmail.com

Patient Referral Form

Referring Veterinarian: _____ Referring Veterinary Hospital: _____

How would you like to be contacted? Fax: ☐ Phone: ☐ Email: ☐

When would you like to be contacted? Day of the week: _____ Time of day: _____

Special Requests? _____

Referring Veterinarian Contact Information:

Phone: _____ Fax: _____ Email: _____

Client Information:

Owner Name: _____ Phone: _____

Patient name: _____ Breed: _____ Sex: _____ Age: _____

Check here if you would like us to contact the owner to set up appointment _____

Presenting Problem: _____

Treatment Requests: _____

Other Information or Comments: _____

Please fax (888-230-4043) or email (vetbehaviorspecialists@gmail.com) patient medical records including notes about the behavior problems, lab work within the last year, and major medical problems prior to the appointment.

Thank you for referring your patients. We truly appreciate your referrals
and look forward to working with you and your patients.