BOUNDARY BAY
VETERINARY SPECIALTY HOSPITAL

BELLINGHAM OFFICE
4176 Meridian St, Bellingham, WA 98226
Phone: 360-982-0166
Fax: 1-888-867-6928
www.bbvsh.com | bbvshbellingham@bbvsh.com

REFERRAL REQUEST

DATE: ____/____/_____

REFERRAL TO: ☐ Surgery ☐ Oncology ☐ Outpatient CT

TYPE OF REFERRAL: ☐ Urgent ☐ Next Available

REFERRING VETERINARIAN

REFERRING HOSPITAL _____

VETERINARIAN _____

DAYTIME PHONE _____ **AFTER HOURS PHONE** _____

FAX _____

EMAIL _____

PREFERRED METHOD OF CONTACT ☐ Phone ☐ Fax ☐ Email

CLIENT INFORMATION

FIRST NAME _____ **EMAIL** _____

LAST NAME _____ **STREET ADDRESS** _____

HOME PHONE _____ **CITY** _____

MOBILE PHONE _____ **ZIP** _____

PATIENT INFORMATION

NAME _____ **BREED** _____

SPECIES _____ **BIRTHDATE** ____/____/_____

SEX ☐ M ☐ MN ☐ F ☐ FS

REASON FOR REFERRAL

e.g. clinical history, PE findings, etc.

_____

_____

_____

_____

DIAGNOSTICS & TREATMENTS

e.g. lab reports, etc.

_____

_____

_____

_____

MEDICATIONS & DOSAGES

_____

_____

_____

RELEVANT RECORDS

RECORDS SENT BY ☐ Fax ☐ Email ☐ Coming with owner

PLEASE NOTE:

Please send all relevant records, lab results and diagnostic images. Once you have faxed your referral, please contact our office to confirm receipt.

PHONE: 360-982-0166 **FAX:** 1-888-867-6928