

REFERRAL FORM
SIERRA VETERINARY SPECIALISTS
MICHAEL DEARMIN, DVM, DACVS

PHONE 775 885-1244 FAX 775 885-8993

Please fax completed form to 775 885-8993 or email to

Referring Practice _____

Referring Veterinarian _____

Client's Name _____

Patient's Name _____

Species: _____ Breed: _____

Sex: F FS M MN Birthdate: _____

Problem Referred for: _____

Brief summary history regarding this problem (Please include all current medications used)

Other Significant Medical History (e.g. seizures, anesthetic risk, etc.)

Any special requests or problems:

Please send a copy of all medical records and recent radiographs and bloodwork

