

**SAN ANTONIO VETERINARY DENTISTRY AND ORAL SURGERY  
REFERRAL FORM**

**Print and email to [info@savdos.com](mailto:info@savdos.com)**

Status of Referral:  Emergency  First Available Today's Date: / /

Referring Veterinarian: \_\_\_\_\_

Referring Hospital: \_\_\_\_\_

Referring Hospital's; Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PATIENT / CLIENT INFORMATION**

Owner's name: \_\_\_\_\_

Spouse/Significant Other name: \_\_\_\_\_

Owner's primary phone : \_\_\_\_\_ Alternate phone : \_\_\_\_\_

Email: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of birth/age: \_\_\_\_\_ Sex:  Female  Male  Altered

Concurrent illnesses: \_\_\_\_\_

Vaccine status up to date:  Yes  No

Current treatments and/or medications: \_\_\_\_\_

Reason for referral and brief history of current problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last dental visit/cleaning: \_\_\_\_\_ Last bloodwork (CBC/Chemistry): \_\_\_\_\_

Dental radiographs performed:  Yes  No Date of last dental radiographs: \_\_\_\_\_

Skull radiographs performed:  Yes  No Date of last skull radiographs: \_\_\_\_\_

\*\*\* Please send any pertinent pre-anesthetic diagnostic test results by email to [info@savdos.com](mailto:info@savdos.com) \*\*\*

Thank you for your support in San Antonio Veterinary Dentistry and Oral Surgery.