



COLORADO VETERINARY SPECIALISTS  
& Animal ER

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REFERRAL FORM

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**Client Information**

Client Name \_\_\_\_\_

Client Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Client Phone \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w)

**Patient Information**

Name \_\_\_\_\_ Dog  Cat

Breed \_\_\_\_\_ Age \_\_\_\_\_

Gender      Intact Male      Neutered Male      Intact Female      Spayed Female

Tentative Diagnosis \_\_\_\_\_

Historical Information/Physical Examination Findings \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications Administered or Dispensed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach copies of pertinent laboratory data and include radiographs.  
Records can be emailed to [records@covetspec.com](mailto:records@covetspec.com), faxed or sent with client.



# COLORADO VETERINARY SPECIALISTS

## & Animal ER

### Referring to:

Beth Lewis DVM, DACVS – soft tissue, orthopedic and neurosurgery

Jayce Lineberger DVM, DACVS – soft tissue, orthopedic and neurosurgery

Milan Hess DVM, MS, DACT – theriogenology

24 hour Emergency & Critical Care Services

### Referring Veterinarian Information

Name \_\_\_\_\_

Hospital Name \_\_\_\_\_

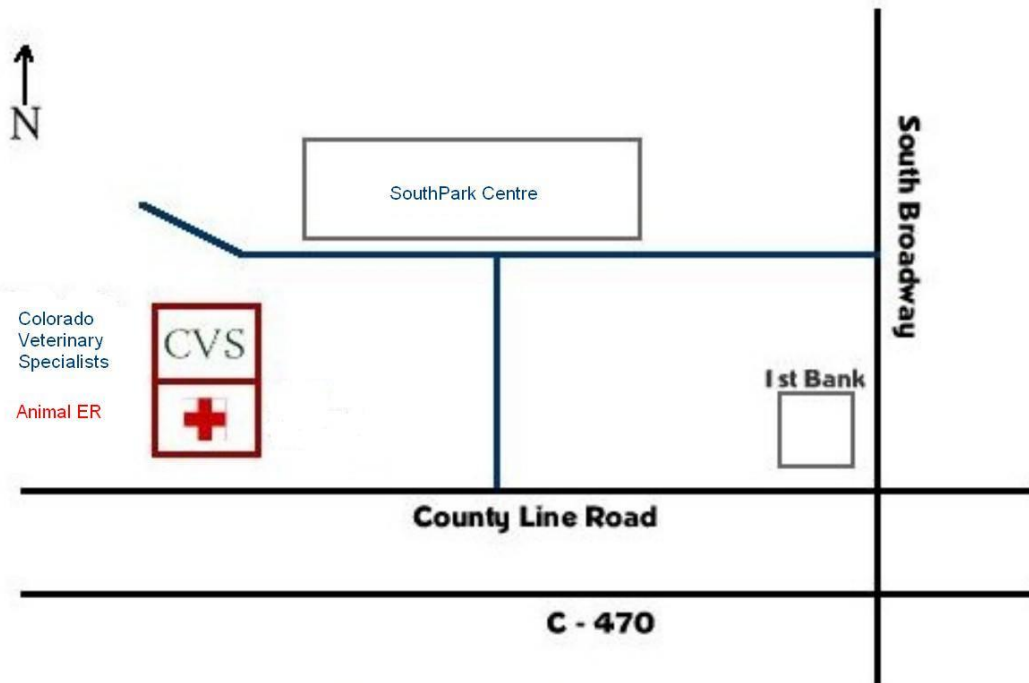
Hospital Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hospital Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Preferred Method of Contact:      Phone      Fax      Mail      E-mail



**223 West County Line Road**