



4509 Lemmon Ave., Dallas, TX 75219
(p) 214 - 329 - 9454
(f) 214 - 329 - 9459

Hospital Information

Date: _____ Referring Veterinarian: _____

Referring Hospital: _____

Phone: _____ Fax: _____ Email: _____

Client/ Patient Information

Owner's Name: _____

Cell Number: _____ Home: _____ Work: _____

Owner's Email: _____

Pet's Name: _____ Species: _____

Breed: _____ Temperament: _____

Sex: _____ Spayed/ Neutered: _____ Age/ DOB: _____

Diagnosis and Primary Reasons for Referral: _____

Current Medications and doses: _____

Please fax/ email records and radiographs from the past year to
nurses@healvet.com or 214-329-9459