



763-463-9800
park@alliedervet.com
8301 93rd Ave N.
Brooklyn Park, MN 55445

REFERRAL CONSULT REQUEST FORM

Fill the form below and email along with medical records, lab work, and radiographs to park@alliedervet.com. We will contact the client within 72 hours to set up a referral consult appointment (unless marked urgent). **Please call our Brooklyn Park location directly if needing a same day transfer to speak directly with a DVM.**

Referral Service: Surgery Cardiology

Referral Timeline: <24hrs (please call) 24-48hrs 48-72hrs >72hrs (non-urgent)

Referring Hospital Information

Hospital Name

Referring DVM Name

Hospital Phone

Email (or fax if no email)

Owner Information

Name

Phone

Address

Email (or fax if no email)

Patient Information

Name

DOB

Weight (kgs)

Species

Canine Feline

Breed

Sex

Altered?

Yes No

Rabies Due Date

Infectious?

Yes No

Fractionous/Aggressive?

Yes No

Reason for Referral

Expectations

Pertinent Medical History/Vaccine History

Medical Records

Attached/emailed

Lab Results

Attached/emailed Not Performed

Radiographs

Attached/emailed Not Performed