EUBANK ANIMAL CLINIC

Surgical Referral

Performed by Dr. Rebecca Yarne, DVM

Today's Date:_____

Client & Patient Information

Client Name: _____

Client Phone: _____

Client Email: _____

Patient Name: _____

Species & Breed: _____

Weight: _____ ◯ lb ◯ kg

Date of Birth _____

Referring Veterinarian Information

Facility Name: _____

DVM Name: _____

Phone: _____

Email: _____

Fax: _____

DVM Preferred Method of Contact:

◯ Phone ◯ Fax ◯ Email

Gender: ◯ Female – Intact ◯ Female – Spayed ◯ Male – Intact ◯ Male – Neutered

---

Reason for Referral: ◯ Orthopedic Surgery ◯ Soft Tissue Surgery

Labs Performed: ◯ Yes ◯ No

Rads Performed: ◯ Yes ◯ No

Chief Complaint:

_____

_____

Relevant Medical History/Diagnostics

_____

_____

Current Medications / Supplements:

_____

_____

For DVM or client questions/support, please call for Practice Manager or Patient Care Coordinator.
Please send all medical history, lab work, and radiographs to email provided below.

1601 Eubank Blvd NE, Albuquerque, NM 87112 • 505-296-0715 • eubankanimalclinic@gmail.com