



**Veterinary Allergy & Dermatology Services  
Patient Referral Form**

The following client and patient are requesting an appointment with us for their dermatological problems. Can you please complete this form and either fax or email it back to us? Please contact us if you have any questions or need any additional information.

**Phone:** 541-988-5458

**Email:** vetallergy@gmail.com

**Fax:** 541-746-0599

**Client Name:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Canine / Feline**

\_\_\_ Yes, I have referred this patient to you

\_\_\_ I did not refered, BUT it is appropriate for this patient to see you

**Reason for referral:**

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\_\_\_ NO, I did not refer this patient and do not think it is appropriate for them to see you at this time.

**DVM:** \_\_\_\_\_

**Clinic:** \_\_\_\_\_

Thank you for your time!