



# SCISSORTAIL

## VETERINARY SPECIALISTS

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### PATIENT REFERRAL FORM

#### CLIENT INFORMATION

Client Name(s) (First & Last): \_\_\_\_\_

Client Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Client Primary Phone: \_\_\_\_\_ Client E-mail: \_\_\_\_\_

#### REFERRING VETERINARIAN INFORMATION

DVM: \_\_\_\_\_ Hospital Name: \_\_\_\_\_

Hospital Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### PET INFORMATION

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Weight (Kg): \_\_\_\_\_ Sex: ☐ Male ☐ Male Neutered ☐ Female ☐ Female Spayed

### REFERRAL INFORMATION

Chief Complaint/Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertinent Medical History/Physical Findings/Duration of Current Surgical Problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medication(s): \_\_\_\_\_  
\_\_\_\_\_

Special Requests/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Laboratory Data Available? ☐ Yes ☐ No (Ex – CBC, Urinalysis, Chemistry Profile, etc.)

Please be sure to include pertinent history and exam notes with all diagnostics and e-mail to [info@scissortailvets.com](mailto:info@scissortailvets.com).

Radiographs Taken? ☐ Yes ☐ No

If YES, please send radiographs: ☐ Films/Digital Rads sent with client ☐ Digital Rads e-mailed to [info@scissortailvets.com](mailto:info@scissortailvets.com)