

**SOUTHERN ARIZONA
VETERINARY**
SPECIALTY & EMERGENCY CENTER

Please tell us which location you will be referring your client to

- | | |
|---|--|
| <input type="checkbox"/> 141 East Fort Lowell
Tucson, Arizona 85705
Ph: (520)888-3177, Fax: (520)888-3725 | <input type="checkbox"/> 7474 East Broadway
Tucson, Arizona 85710
Ph: (520)888-3177, Fax (520)886-2436 |
|---|--|

Please tell us which department you will be referring your client to

- | | | | |
|------------------------------------|--|---|--|
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Dermatology | <input type="checkbox"/> Emergency | <input type="checkbox"/> Internal Medicine |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Diagnostic Imaging | <input type="checkbox"/> Surgery |

Owner's Name: _____ Referring Veterinarian: _____
Pet's Name: _____ Clinic Name: _____
Owner's Phone: _____ Clinic Phone/Fax: _____

Chief Concern/Provisional Diagnosis:

History/Findings:

Previous Treatment:

Please send any lab results, radiographs, or other materials regarding this case with the owner.
We also ask that all clients arrive 15 to 20 minutes before their scheduled appointment time to fill out paperwork

