

Oklahoma Veterinary Specialists

Referral Form

*Steven Hodges, DVM
Dipl. ACVIM Small Animal
Internal Medicine.*

*Derek Nestor, DVM
Dipl. ACVIM Small Animal
Internal Medicine*

*Zach H. Ricker, DVM, MS,
Dipl. ACVS-Small Animal*

*Jennifer Schultz, DVM
Dipl. ACVS-Small Animal*

*Jason R. Duell, DVM
Dipl. ACVS-Small Animal*

*Jon D. Pucket, DVM, MS,
DACVO*

*Katherine Coldwell, DVM
Emergency Medicine*

*Adrienne Hale, DVM
Emergency Medicine*

*Nancy Henslee, DVM
Emergency Medicine*

*Chris Johnson, DVM
Emergency Medicine*

*Corynn Johnson, DVM
Emergency Medicine*

Date: _____

Referring Veterinarian: _____

Clinic: _____ Address: _____

Phone: _____ Fax: _____ E-mail: _____

Client Name: _____

Address: _____

Home phone: _____ Business phone: _____

Patient's Name: _____ Breed: _____ Sex: _____ Age: _____

Chief Complaint/Diagnosis: _____

History: _____

Physical Findings: _____

Laboratory Data: _____

Radiographs: _____

Treatments: _____

Special Requests/Comments: _____

Vaccine History: _____

Would you like us to complete treatment of your patient here or stabilize the patient and return it to your hospital as soon as you are open?

Complete Treatment

Stabilize patient and return