



Patient Referral Form

6127 Mechanicsville Turnpike Mechanicsville, VA 23111
Phone: 804-277-8021 Fax: 804-237-0329
Email: info@hanovervets.com

Service Requested:

- Surgery - Dr. Kristy Broaddus, DVM, MS, DACVS
 Internal Medicine- Dr. Lynn Harpold MS, DVM, DACVIM | Dr. Emily Austin, DVM, MS, DACVIM

Referring Veterinarian's information:

Referring veterinarian: _____
Clinic Name: _____ Phone: _____
Email: _____ Fax: _____
Preferred method of communication: Phone Email Fax

Patient/Client information:

Patient's name: _____ Canine Feline
 Male Female Spayed Neutered Age: _____ Breed: _____

Owner's name: _____ Contact number: _____

We want the patient to have the best experience possible when coming in for a consultation; would this patient benefit from sedative premedication? If yes, please prescribe and note below:

Brief description of the patient's history and current treatments: (Please attach a copy of the medical record and all relevant diagnostics)

Diagnostics Performed:

- Bloodwork (select all that apply): CBC Chemistry Sedivue T4 SDMA
 Other: _____
 Radiographs/Ultrasound
 Sending diagnostic images with client
 Emailing diagnostic images. (please send to the referral practice email listed at the top of this form)