Please save this file on your desktop before filling it out, then "save as" using the patient's first and last name when completed. Please email the PDF to consult@bayoucityvetspecialists.com. Thank you.

BAYOU CITY

Mobile Veterinary Specialists

Internal medicine, delivered.

Savannah Craig, MBA, DVM, DACVIM

consult@bayoucityvetspecialists.com

P: 281.229.1881 • F: 713.510.1531

bayoucityvetspecialists.com

CONSULT REQUEST

Date: ___________________________

REFERRING HOSPITAL INFORMATION

Referring Doctor: Hospital Name:

Hospital Address:

Phone: Fax: Email:

Preferred Communication: ☐ Fax ☐ Email ☐ Phone

When do you wish to be contacted (check all that apply): ☐ Before consultation ☐ After consultation ☐ Both

Please specify which days you are available (check all that apply) ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Type of appointment: ☐ Regular (5-7 days) ☐ Urgent (1-2 days) ☐ **Immediate (Same day)**

Are there any other associates that we may speak to about the case?

CLIENT INFORMATION

Owner's Name: Phone:

Pet's Name: Breed:

Age: Weight: Sex: ☐ M ☐ F ☐ MN ☐ FS

Pet's Disposition (check all that apply) ☐ Anxious ☐ Caution (Go slow) ☐ Major Caution (Needs muzzle)

REASON FOR REFERRAL

Consultation: ☐ Endocrine ☐ Hepatic ☐ Urinary ☐ Hematologic ☐ Respiratory ☐ Gastrointestinal

Ultrasound: ☐ Thoracic ☐ Abdomen ☐ Other ____________________ ☐ w/aspirate/biopsy

Endoscopy: ☐ Upper GI ☐ Lower GI ☐ Nasal ☐ Bronchi ☐ Other ______________________________

☐ Feeding Tube Placement ☐ Abdominocentesis ☐ Thoracocentesis ☐ Other ________________________

PRESENTING PROBLEM(S)

Active Problem	Duration	Severity	Past Pertinent History
1)			
2)			
3)			
4)			
5)			
6)			

DIAGNOSTIC TESTS PERFORMED: (please email results and PDFs or dicom images to consult@bayoucityvetspecialists.com)
1)
2)
3)
4)
5)
6)
7)

TREATMENTS/MEDICATIONS ADMINISTERED: (please list and specify response to treatments/medications)			
Treatments/Medications	Favorable Response	Unfavorable Response	No Response
1)	☐	☐	☐
2)	☐	☐	☐
3)	☐	☐	☐
4)	☐	☐	☐
5)	☐	☐	☐

ADDITIONAL COMMENTS

Once this form is received either by email or fax, our office will contact your clinic within 24 hours to coordinate the consultation or service requested. We recommend that the pet be dropped off at your clinic the day of the requested consult or service. The client does not need to be present for any consultations or services. If a fine-needle aspirate is performed or if there are any procedures that require sedation or anesthesia, the client will need to sign a consent form and a deposit may be required. Please contact Dr. Craig at 281.229.1881 (office) or consult@bayoucityvetspecialists.com with any questions. Allow 24 hours response time with all email correspondences. We look forward to working together!