



VETERINARY  
BEHAVIOR SPECIALISTS

Address: 7660 Amador Valley Boulevard, Suite E  
Phone: 925-305-3745 Fax: 888-230-4043  
Email: [vetbehaviorspecialists@gmail.com](mailto:vetbehaviorspecialists@gmail.com)

## Patient Referral Form

Referring Veterinarian: \_\_\_\_\_ Referring Veterinary Hospital: \_\_\_\_\_

How would you like to be contacted? Fax:  Phone:  Email:

When would you like to be contacted? Day of the week: \_\_\_\_\_ Time of day: \_\_\_\_\_

Special Requests? \_\_\_\_\_

Referring Veterinarian Contact Information:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Client Information:

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Check here if you would like us to contact the owner to set up appointment

Presenting Problem: \_\_\_\_\_

\_\_\_\_\_

Treatment Requests: \_\_\_\_\_

\_\_\_\_\_

Other Information or Comments: \_\_\_\_\_

\_\_\_\_\_

Please fax (888-230-4043) or email ([vetbehaviorspecialists@gmail.com](mailto:vetbehaviorspecialists@gmail.com)) patient medical records including notes about the behavior problems, lab work within the last year, and major medical problems prior to the appointment.

Thank you for referring your patients. We truly appreciate your referrals and look forward to working with you and your patients.