



Boston Veterinary Specialists

326 Bridge Street
Dedham, MA 02026

Phone: 888-326-2800 or 781-326-2140

Fax: 781-326-9782

<i>Owner Information:</i>			
Name:			
Address:			
City:	State:	Zip:	
Phone (home):	work:	other:	
<i>Patient Information:</i>			
Registered Name/ID:			
Species:	Breed:	Sex:	
Age:	Weight:		
<i>Case History:</i>			
Chief concern/Provisional Diagnosis/History:			
<i>Vaccine History:</i>			
Dates last given: Distemper:	Rabies:	Kennel cough:	
felv:			
<i>Diagnostic Test Results (If possible, please attach results):</i>			
Last done: Chem. Panel:	CBC:	U/A:	T4
<i>Are radiographs enclosed? (they will be mailed back promptly):</i>			
<i>Current therapy & medication (include dosages):</i>			
<i>Additional comments/requests:</i>			
<i>Referring Veterinarian Information:</i>			
Name:		Clinic/Hospital :	
Address:	City:	State:	
Zip:			
Phone:		Fax:	
<i>I would like to receive a call: Day of exam</i> <input type="checkbox"/>			
<i>Day of discharge</i> <input type="checkbox"/>			
<i>If you select either of the above and I can not reach you personally would you prefer I:</i>			
<i>Leave a verbal message with one of your receptionist?</i> <input type="checkbox"/>			
<i>Fax you a note?</i> <input type="checkbox"/>			

THANK YOU FOR YOUR REFERRAL

You will receive a detailed letter describing my findings, recommendations and treatment. Thank you again for your referral, William B. Henry, DVM, DACVS and Catherine Briere, DVM.