



Ireland Animal Clinic

723 E. Jefferson Blvd. South Bend IN 46617

Phone : (574) 291-1571 Fax : (574) 291-1620

Website : www.irelandanimal.com Email : irelandac723@gmail.com

Received By: _____

Date: _____

REFERRAL REQUEST FORM

Referral for (please circle): Ophthalmology Orthopedic Other: _____

Referring Veterinarian: _____ Referring Veterinary Clinic: _____

Phone: _____ Fax: _____ Email: _____

PATIENT INFORMATION

Name: _____

Species: Dog Cat

Sex: Male Neutered Female Spayed Breed: _____ Color: _____ D.O.B.: _____

Will sedation or a muzzle be needed, please explain: _____

OWNER INFORMATION

First & Last Name: _____ Spouse/Alt Contact: _____

Home Phone: _____ Cellular Phone: _____ Emergency Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

CURRENT PROBLEM

Differential Diagnosis: _____

History:

Current Medications:

Please email this form, the pet's records, and any relevant diagnostics to: irelandac723@gmail.com

BEST PRACTICES ON REFERRING A CLIENT TO IRELAND ANIMAL CLINIC

- Tell clients that patients should continue regular medications unless directed by DVM.
- Send all documents via email at the time of referral call, this allows IAC to assist the patients efficiently.
- Have client call within 24 hours of appointment with referring DVM to schedule appointment with IAC.