

Pet Wellness Center and Gentle Pet Vet

2833 Louisville, Rd. • Louisville, TN 37777

Phone: 865-660-9166 • Fax: 865-691-3456

www.gentlepetvet.net • gentlepetvet@aol.com

Elizabeth A. Shull, DVM

DACVIM-Neurology, DACVB

REFERRAL FORM

Referring veterinarian information:

Name _____

Clinic _____

Address _____

City/State/Zip _____

Phone _____ FAX _____ EMAIL _____

Client Information:

Name _____

Phone _____

Fax # or address for sending information and questionnaire _____

Patient Information:

Name _____

Breed _____

Age _____ Sex _____

Please list any current medical problems, treatments, and medications:

Brief History of Problem:

Recent vaccinations and dates _____

Please send this form and a copy of the patient's relevant medical records via fax or by mail to the address listed above. We will send you a copy of any test results or discharge instructions given to your client after their appointment. Thank you for your referral.