

**Cone-beam CT Referral Form**

Town & Country Animal Clinic

3000 Genesee St. Cheektowaga, NY 14225

Phone# 716-896-2424 Fax# 716-896-0519 Email: tandcanimalclinic@yahoo.com

**\*\*Please note, this form is for NON-DENTAL RELATED ISSUES only\*\***

Referring Doctor \_\_\_\_\_

Referring Hospital \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ Fax# \_\_\_\_\_

Email \_\_\_\_\_

\*An email address of the referring vet **must** be provided; this is how you will receive your report/results.

Client \_\_\_\_\_

Address \_\_\_\_\_

Pet Name \_\_\_\_\_

Circle one: Breed \_\_\_\_\_

Cat OR Dog DOB/Age \_\_\_\_\_

M MN F FS Current weight \_\_\_\_\_

\*If the pet that is being referred is an exotic species, the referring veterinarian AND a technician from the referring hospital, **must** accompany the pet & perform anesthesia while here at Town & Country.

If Exotic, list species: \_\_\_\_\_

Please list the reason for CBCT referral, the working diagnosis & any pertinent medical history (please be as specific as possible and do NOT include information that does not relate to the presenting issue or any non-related history/records):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last blood chemistry \_\_\_\_\_ CBC \_\_\_\_\_

\*Pre-op labwork **MUST** be performed & reviewed by the referring veterinarian.

Please include a copy of the results along with this referral form.

Are vaccines current? Y / N Date Rabies Vaccine is due: \_\_\_\_\_

\*An UTD Rabies Vaccination or waiver is **REQUIRED**. Please include proof along with this referral form.

Please list any current medications, including dosing: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_