



PATIENT REFERRAL

Printable form for veterinary hospitals

Text for scheduling: (757) 647-7744

Complete both pages and have them ready for Dr. Granata on arrival.
This form does not schedule an appointment. Arrange the visit directly with VEDI.

01 Referring hospital and contact

Hospital / practice

Referring veterinarian

Hospital email

Direct phone

Fax (if applicable)

Date completed

02 Owner and patient

Owner name

Owner phone

Patient name

Birthdate (MM / DD / YYYY)

Species / animal type

Breed (if applicable)

Sex / reproductive status

☐ Male intact ☐ Male neutered ☐ Female intact ☐ Female spayed ☐ Unknown

If female intact: last reproductive cycle (date / approximate / unknown / not applicable)

Weight (lb)

Weight (kg)

Requested examination

☐ Ultrasound ☐ Echocardiogram ☐ Both ☐ Discuss with VEDI



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Patient name

Referring hospital

03 Reason for referral / diagnostic questions

04 Clinical history / relevant findings

05 Current medications (include dose and frequency when known)

06 Supporting records

Bring printed labwork and patient records with this completed form.

Records must be listed from newest information to oldest.

☐ Labwork included ☐ Patient records included ☐ Additional pages attached

Only share relevant information you are authorized to provide. Keep copies securely.

Questions: laurie@vedicultrasound.com | Scheduling: text (757) 647-7744