BAY STATE VETERINARY

EMERGENCY & SPECIALTY SERVICES

Veterinarian Referral Form

463 Swansea Mall Dr, Swansea, MA 02777

P:508-379-1233

F:508-379-1102

E: baystate@bsvess.com

Specialty Services

Internal Medicine
Gary Block DVM, MS, DACVIM
Lauren Monhait, DVM
Caylie Voudren, MS, DVM, DACVIM
Sara Wilkes, DVM

Surgery
Lori Agulian, DVM, DACVS
M. Faulkner Besancon, DVM, DACVS
Lindsey Lavin, DVM, DACVS

Medical Oncology
Amy Koterbay, BVMS, MS, DACVIM

Radiation Oncology
Kevin Ware, DVM, ACVR-RO

Critical Care
Alexa Splittstoesser, DVM
Ida Kornevi, DVM, MSc, MRCVS

Emergency Clinicians
Katie Batcho, DVM
Abigail Bray, DVM
Nicholas Britt, DVM
Sydney Cardoza, DVM
Danee Desrochers, DVM
Gladys Hill, DVM
Jenni Huelsman, DVM
Jenna Flores, DVM
Ann Klocke, VMD
Taylor LaFountain, DVM
Jacob Melcer, DVM
Lindsey Miller, DVM
Laura Nati, DVM
Meredith Nelson, DVM
Shelly Pancoast, DVM
Karolina Preisner, DVM
Robert Sander, DVM
Aubrey Sapala, DVM
Valentina Valencia, DVM
Jessica Van Loon, DVM
Shawni Wall, DVM

Date: _____

Service to which referred (circle one): Emergency Internal Medicine Surgery Medical Oncology Radiation Oncology Outpatient Echo Outpatient Ultrasound

Client Name: _____

Address: _____

_____

Telephone number: _____

Patient Name: _____

Patient Breed: _____ **Sex:** _____ **Age:** _____

Patient History: **Spayed or Neutered: Y / N**

Diagnosis / Chief Complaint: _____

_____

Significant History / Treatments: _____

_____

Diagnostics Performed: _____

_____

(Please send radiographs & copies of test results with client or email or fax copies with referral form)

Are radiographs being sent? Y / N **Tests pending (list):** _____

Current or Recent Medication or Therapy (include dosage/duration): _____

_____

Referring Veterinarian Information:

Name: _____ **Clinic:** _____

Phone #: _____ **Fax:** _____ **Email:** _____