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**Veterinarian submitting consult \*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last

**Practice Name\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Practice Phone** \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Practice Fax\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Practice Email\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Is this an existing consult? \*** Yes No

**Is this a current client or patient of Woodlands?** \*

Not a current client or patient of Woodlands Current client, new patient Current client and patient

**Patient's Name \***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Species \*** \_\_\_\_\_\_\_\_\_\_\_ **Breed \***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOB/Age \*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Weight (kg)\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sex \*** Male Female Male/Neutered Female/Spayed

Is there any pertinent lab work or radiographs? \* Lab work Radiographs None

Please fax any pertinent lab work to (706) 310-1323 or email to woodlandsvet@yahoo.com. If radiographs are digital please email them to woodlandsvet@yahoo.com for the doctor to evaluate.

**Consult Summary: \*** Please include a brief summary of the presenting complaint, a clinical history, treatments and medications tried, and any questions you would like answered.