Patient Referral Form

Zia Pet HOSPITAL

Date: _____

Attention Service:
*Please check appropriate box below

☐ **Urgent:** Please contact a Client Services Representative by phone for the next available appointment.

☐ Internal Medicine
Anne S Hale DVM

☐ Regenerative Medicine
Anne S Hale DVM

Appointments available:

Tuesday: 8:00am to 5:00pm

Thursday: 8:00am to 5:00pm

Friday: 8:00am to 5:00pm

Referring Veterinarian Information:

Veterinary Hospital/Clinic: _____

Doctors Name: _____ Phone: _____

How would you prefer to be contacted on this case?

☐ Fax: _____ ☐ Email: _____

Client Information:

Name: _____

Primary Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient Information:

Name: _____

Species: _____ Breed: _____

Age: _____ Color: _____ Sex: _____

Reason for Referral: _____

Medical Records

Records	Lab Results	Imaging
☐ Sent with client	☐ Sent with client	☐ Sent with client
☐ Emailed	☐ Emailed	☐ Emailed
☐ Faxed	☐ Faxed	☐ None
☐ None	☐ None	

Expectations for this case:

☐ Consult only. Please return to my office for diagnostic testing and treatment.
☐ Please manage the diagnostic testing and treatment at Zia Pet Hospital

Would you like to set up a Televideo consultation with Dr. Hale to determine if you should refer?
Contact Referrals@ZiaVet.com for available times.

373 Unser Blvd SE, Rio Rancho, NM 87124
www.ziavet.com
Phone: 505-314-8024 Email: Referrals@ZiaVet.com Fax: 505-314-8040