

# ANIMAL SPECIALTY GROUP, INC.

## *Referral Form*

Date \_\_\_\_\_  
Referring Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Hospital Name \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Hospital Address \_\_\_\_\_  
Best time/Day to call \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_  
Presenting Problem \_\_\_\_\_  
History \_\_\_\_\_

Condition of patient:     Healthy     Stable     Critical     Moribund

Diagnostic tests performed (Please include date and results, or, if pending, your lab and hospital numbers) \_\_\_\_\_

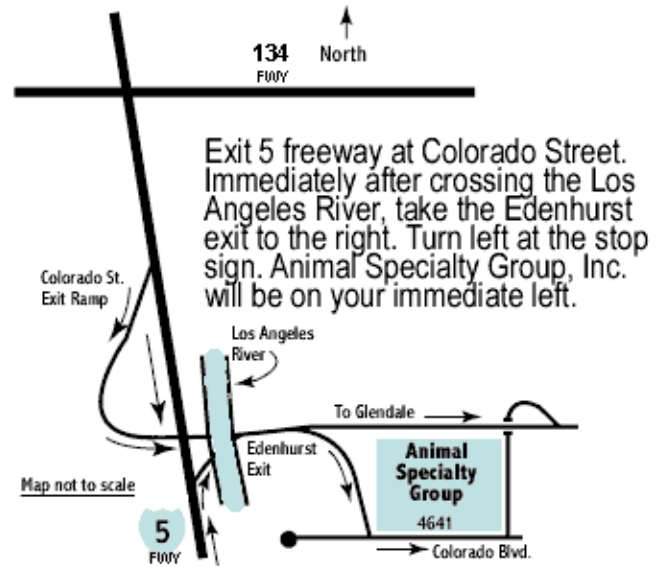
Treatments/Medication (please include dates if possible) \_\_\_\_\_

Response to therapy \_\_\_\_\_

Additional comments \_\_\_\_\_

Please include radiographs, copies of laboratory tests and a summary of the medical record. Radiographs will be returned promptly. Referral information may be mailed, sent with the client, or sent via fax. If using the mail please allow enough time for the information to arrive so it is available at the time of the consultation. Phone consults are welcome and encouraged.

**Please have the client call to make an appointment.**



**SURGERY**

- Bone and joint
- Arthroscopy
- Total hip replacement  
(cemented and non-cemented)
- Early hip evaluation, including PENN HIP
- Triple pelvic osteotomy
- CO<sub>2</sub> laser surgery
- Cancer surgery
- Thoracic surgery
- Cardiac surgery
- Abdominal surgery
- Reconstructive surgery
- Laparoscopy/ Thoracoscopy

**DIAGNOSTIC IMAGING**

- Digital radiography
- Ultrasound
- Myelography/epidurography
- Intra-operative Radiology
- Contrast Radiographs
- Arthrography
- Angiography
- Fluoroscopy
- Cystography and excretory urography
- Gastrointestinal contrast studies
- MRI and spiral CT

**INTERNAL MEDICINE/CRITICAL CARE**

- Endoscopy
- Bronchoscopy
- Cystoscopy
- Rhinology
- Electrocardiography
- Respiratory support
- Blood pressure and pulse oximetry
- Fluid therapy and transfusions
- Tube feeding and nutritional support
- In-hospital laboratory with cytology

**NEUROLOGY**

- Hemilaminectomy
- Ventral Slot
- Dorsal Laminectomy
- Distraction-Stabilization
- Craniotomy
  - Lateral
  - Transfrontal
  - Suboccipital
- Chiari-Malformation Repair  
(Craniectomy/Dorsal Laminectomy)
- Muscle and Nerve Biopsy
- Spinal Radiography and Fluoroscopy
- CT
- MRI
  - Myelography
  - CSF Analysis
- Electrodiagnostic Studies
  - Electromyography (EMG)
  - Nerve Conduction Velocity
  - Repetitive Stimulation
  - F-Waves
  - Brainstem Auditory Evoked Response Testing

**ONCOLOGY**

- Chemotherapy
- Radiation consultation prior to referral
- Surgical oncology

**PHYSICAL THERAPY**

- Aquatic Treadmill

**EMERGENCY**

- 24-hour critical care
- Walk-in Emergency