



## Referral Form

### Client Information

First Name:

Last Name:

Patients Name:

Age:

Breed:

Sex:

Weight:

### Referring Veterinarian Information

First Name:

Last Name:

Hospital/Clinic:

Phone:

Fax:

E-mail:

Preferred Method of Communication (circle)

Type of methimazole/dose:

Date of last dose:

Please send copy of most recent bloodwork and urinalysis results either by fax or with the client.