

State Avenue Vet Clinic

1920 21<sup>st</sup> St W Dickinson ND 58601

Phone: 701-483-3181

Fax: 701-483-0740

[stateavevet@gmail.com](mailto:stateavevet@gmail.com)



Date: \_\_\_\_\_

Primary Clinic/Hospital: \_\_\_\_\_

Preferred contact

Primary Veterinarian: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Referral request:

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Gender:

Weight: \_\_\_\_\_ lbs. \_\_\_\_\_ kg

Allergies/PRECAUTIONS:

Significant History (include concurrent conditions, anesthetic concerns, previous surgeries, cardiac or respiratory disease concerns):

Diagnostics Performed:

Pertinent Results:

Tentative Diagnosis: \_\_\_\_\_

Current Medications/Therapies:

Questions you want answered from consult:

HAVE YOU PROVIDED AN ESTIMATE TO THE CLIENT?

Comments:

Please forward all medical records, including lab results and radiographs, in addition to this form to **stateavevet@gmail.com**

As State Avenue Veterinary Clinic assumes the liability and responsibility of performing anesthesia and the CT examination we ultimately reserve the right to refuse to perform the computed tomography examination if the pet is deemed unsuitable as a candidate for general anesthesia and/or the examination.