



Veterinarian Referral Form

1480 S County Trail, East
Greenwich, RI 02818
P: 401-886-6787
F: 401-886-8998
E: reception@osvs.net

Date: _____

Service to which referred (circle one):

ER / Critical Care Internal Medicine Surgery Oncology Neurology Ophthalmology Cardiology
Radiology Avian/Exotics

Specialty Services

Critical Care

Justine A Johnson DVM,
DACVECC

Terry Hallowell DVM, DACVECC
Kevin Kirchofer MS, DVM,
DACVECC

Internal Medicine

Gary Block DVM, MS, DACVIM
Sarah K. Crain, DVM, MS,
DACVIM

Rebecca Kessler DVM, DACVIM
Elizabeth Kubas, DVM, DACVIM
Lauren Monhait DVM
Paul Worhunsy DVM, DACVIM

Surgery

George Coronado DVM, MS,
DACVS

S. Christopher Ralphs DVM,
DACVS

David C. Sweet VMD, DACVS
Amanda Panissidi, BVMS

Oncology

Caleb Alexander, DVM. DACVIM

Neurology

Lauren E. Marini DVM, DACVIM
James P. Cellini, DVM, DACVIM

Ophthalmology

Marcia Aubin DVM, MS, DACVO

Cardiology

Adam Kane DVM, DACVIM

Radiology

Susan M. Newell DVM, MS,
DACVR

Avian/Exotics

Lucy H. Spelman DVM, DACZM

Client Name: _____ Patient Name: _____

Client Email: _____ Tel #: _____

Address: _____

Species: _____ Breed: _____ Age: _____ Color: _____

Patient History _____ Sex: M / F Spayed/Neutered?: Y / N

Diagnosis / Chief Complaint: _____

Significant History / Treatments: _____

Diagnostics Performed: _____

(Please send radiographs & copies of test results with client or fax copies with referral form)

Are radiographs being sent? Y / N

Tests pending (list): _____

Vaccination History: _____

Current or Recent Medication or Therapy (include dosage/duration): _____

Referring Veterinarian Information:

Clinic: _____ Referring Veterinarian: _____

Phone: _____ Fax: _____ Email: _____