

**Referral Form**  
**Bay Area Veterinary Specialists**

12855 Gulf Freeway Houston TX 77034  
281.464.3554 (main) 281.464.3610 (fax)

Ext 1 - Surgery

Ext 3 - Ophthalmology

Ext 2 – Internal medicine/cardiology/oncology

Veterinary Surgical Group, LLP  
[vetsurggroup@gmail.com](mailto:vetsurggroup@gmail.com)

Veterinary Medical Specialists of Houston  
[vmsh93@gmail.com](mailto:vmsh93@gmail.com)

Thank you for referring your valued client and their pet to our practice. In order to facilitate the referral process, we ask you or your staff to complete the below form if you wish. We also ask

1. Please send all pertinent medical records via fax prior to their appointment or with the client. Please fax this form with the medical records.
2. Please ask your client to bring their pet, all current/recent medications, radiographs or other imaging data to their appointment.

Referring Veterinarian \_\_\_\_\_

Clinic Name \_\_\_\_\_

Client Name/phone # \_\_\_\_\_

Pet Name \_\_\_\_\_

Requested Department

Surgery

Cardiology

Internal Medicine

Oncology

Ophthalmology

Brief History/Reason for Referral

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We ask that all clients arrive 20 minutes prior to their scheduled appointment to ensure they will have their full appointment time with the doctor.

You should receive a written faxed referral report within 24 hours of the patient being discharged from the hospital. Please let us know if you would like an alternate method of delivery or you would like additional information.