



ARIZONA VETERINARY ONCOLOGY

www.ArizonaVeterinaryOncology.com

REFERRAL FORM

Arizona Veterinary Specialty Center
86 West Juniper Avenue, Ste 5
Gilbert, Arizona 85233
Phone: 480-327-6690 Fax: 480-892-0540
Gilbert@AZVetOncology.com

Referring Veterinarian's Name: _____ Date: _____

Hospital Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Preferred Method of Written Communication: Fax ☐ Email ☐ Mail ☐

Client Name(s): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Patient Name: _____ Species: _____ Breed: _____

Color: _____ Sex: _____ Altered? Y ☐ N ☐ DOB: _____

Cancer Diagnosis: _____

History/ Physical Findings: _____

Treatments (including medications and doses): _____

In addition to this form, we ask that you send all radiographs, ultrasound, CT and MRI images (even if they have no significant findings). You may also email digital copies at the email addresses listed above. Please fax or email all original lab reports to the office, as well as all records directly relating to this medical condition. Please call the specialist if there is any immediate information you need to relay about this case or need to discuss patient care while waiting for the oncology appointment.