



3125 S 61st Ave.  
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## Referral Form

Would you like someone from our staff to contact the owner?

Has the owner been instructed to call Sirius Vet to schedule an appointment?

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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

Client's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_

Sex: Female\_\_ Spayed\_\_ Male\_\_ Neutered\_\_

Tentative diagnosis-Reason for referral:

History (Duration of problem, symptoms):

On medications?(Antibiotics, NSAIDs, pain reliever) Yes \_\_\_ No \_\_\_

Rx Type (include date started and dosages)

Did you email: Medical Records  Radiographs  Lab work  U/S  MRI  CT   
(please attach copies of results if available)

Did you tell owner: Bring medical records  Bring X-rays  Bring special diet food   
Bring medications  No food after midnight  water ok

THANK YOU FOR YOUR REFERRAL, THE SIRIUS VET TEAM