



**Boston Veterinary Specialists**  
 326 Bridge St., Dedham, MA 02026  
 Phone: (888) 326-2800, Fax: (781) 326-9782

<b><i>Owner Information:</i></b>			
Name:			
Address:			
City:	State:	Zip:	
Phone (home):	work:	other:	
<b><i>Patient Information:</i></b>			
Registered Name/ID:			
Species:	Breed:	Sex:	
Age:	Weight:		
<b><i>Case History:</i></b>			
Chief concern/Provisional Diagnosis/History:			
<b><i>Vaccine History:</i></b>			
Dates last given: Distemper:	Rabies:	Kennel cough:	
felv:			
<b><i>Diagnostic Test Results (If possible, please attach results):</i></b>			
Last done: Chem. Panel:	CBC:	U/A:	T4
<b><i>Are radiographs enclosed?</i></b>			
<b><i>Current therapy &amp; medication (include dosages):</i></b>			
<b><i>Additional comments/requests:</i></b>			
<b><i>Referring Veterinarian Information:</i></b>			
Name:	Clinic/Hospital :		
Address:	City:	State:	
Zip:			
Phone:	Fax:		
<b><i>I would like to receive a call: Day of exam</i></b> <input type="checkbox"/>			
<b><i>Day of discharge</i></b> <input type="checkbox"/>			
<b><i>If you select either of the above and I can not reach you personally would you prefer I:</i></b>			
<b><i>Leave a verbal message with receptionist?</i></b> <input type="checkbox"/>	<b><i>Fax you a note?</i></b> <input type="checkbox"/>	<b><i>Email you?</i></b> <input type="checkbox"/>	<input type="checkbox"/>

**THANK YOU FOR YOUR REFERRAL FROM BOSTON VETERINARY SPECIALISTS**

You will receive a detailed letter describing my findings, recommendations and treatment.

Thank you again for your referral,

William B. Henry, DVM, DACVS and Catherine Briere, DVM, DACVS,