**Ultrasound Referral Form**

| **Client Details**  | **Animal Details** |
| --- | --- |
| **Name:**  | **Name:**  |
| **Address:**  | **Species:**  |
|  | **Breed:**  |
|  | **Age:**  |
| **Phone Number:**  | **Sex:**  |
| **Email Address:**  | **Weight (kg):**  |
| **Hospital Details** |  |
| **Referring Hospital:**  | **Phone Number:**  |
| **Referring Doctor:**  | **Email:**  |

In scheduling an ULTRASOUND at Horizon Veterinary Services, I have discussed with
the owners that Dr. Manson has advanced training in ultrasound but is not a specialist - a board certified specialist would alway be a superior choice.

* Please advise the owner that their pet should be fasted prior to the procedure (12 hour).
* Please advise the owner that their pet will be sedated for the procedure (exceptions for heart conditions and/or unstable pets).
* Please advise the owner that we will shave the abdomen for the procedure.

Please briefly list the presenting complaint and clinical signs:

Please briefly summarize any bloodwork and radiographic findings:

Please briefly summarize any current medications:

The estimated cost of this procedure is $ 370-420 **+ taxes** (depending on the size of the patient).

Please forward the complete medical history with this form to info.horizonveterinaryservices@gmail.com and we will reach out to the client to book them in.