**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](mailto:info.horizonveterinaryservices@gmail.com) and we will reach out to the client to book them in.