



Animal Allergy & Dermatology Clinic

James Jeffers, VMD, DACVD

9039 Gaither Road Gaithersburg, MD 20877 Phone (301) 977-9169 Fax (301) 977-7196

VETERINARIAN REFERRAL FORM

Client's name: _____ Phone: _____

Address: _____

Veterinarian's name: _____ Phone: _____

Address: _____

Pet name: _____ Species: _____ Breed: _____

Age: _____ F/FS/M/MC: _____ Weight: _____

History and Physical Exam Findings (please include dates and brief description):

Diagnostics (please circle type performed and attach report if appropriate):

skin scrape

dermatophyte culture

bacterial culture

skin biopsy

CBC/chem screen

other _____

Treatment (please note dates, dosages, duration and response to treatment; attach sheet if necessary)

Provisional Diagnosis: _____