



Animal Allergy & Dermatology Clinic  
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James Jeffers, VMD

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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: \_\_\_\_\_

Veterinarian's address: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed \_\_\_\_\_

Age: \_\_\_\_\_ F/FS/M/MC \_\_\_\_\_ Weight \_\_\_\_\_

History and physical examination findings (please include dates and brief description):

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Diagnostics (please circle all that apply and include report if appropriate):

skin scrape	dermatophyte culture	bacterial culture
skin biopsy	CBC/chem/thyroid	other _____

Treatment (dates, dosages, duration of therapy, and response; use back of sheet if needed):

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Provisional diagnosis: \_\_\_\_\_