



Brookville Road  
Animal Hospital

8049 Brookville Road  
Indianapolis, Indiana 46239  
317-353-6143 (phone) \* 317-322-9605 (fax)  
info@brookvillroadvet.com

***Surgery Referral Information***

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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***Patient Information***

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M MN F FS Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Medications patient is currently taking: \_\_\_\_\_

Please list pertinent medical history (seizures, drug sensitivities, etc): \_\_\_\_\_

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***Referring Veterinarian Information***

Referring Clinic: \_\_\_\_\_ Referring Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Diagnostic Findings: \_\_\_\_\_

Recent lab work available? Yes/No (Please submit with form) Radiographs? Yes/No (Please email or send with client)

**Earl Dryden, DVM and Kate Fitzwater, DVM, MS, DACVS are available for surgical consultations**

**Please fax 317.322.9605, or email completed form to info@brookvilleroadvet.com**