

Rodney E. Oakley, DVM, DACVS **Surgery** 

Jorge Rivas S. DVM, ECMPA, CCRP
Associate Veterinarian

Date:	Client Name:
Referring Veterinarian / Hospital:	
	Signalment:
Hospital Telephone:	
Chief Complaint/Concern or Provisional Diag	nosis:
Commente	
Comments:	

## The following information is needed PRIOR to your client's appointment:

- Any additional pertinent information
- Results of diagnostics
- Current proof of rabies vaccination