



Okaw Veterinary Clinic



140 W. Sale
(217) 253-3221

Tuscola, IL 61953
okawvetstaff@mchsi.com

Behavioral Referral Form

Date of Referral: _____

Referring Veterinarian: _____ Clinic: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: (____) _____ Fax: (____) _____

Email: _____ Alternate Phone: (____) _____

Preferred Method of Contact: Email _____ Phone _____ Preferred Time of Contact: _____

Owner's name: _____ Driver's lic#: _____

Spouse or Co-owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Business Phone: (____) _____ Cell: (____) _____

Pet's name: _____ Species: _____ Sex: _____ Spayed/Neutered: _____

Age: _____ Color: _____ Breed: _____

DHLPP: Current _____ Due _____ Rabies: Current _____ Due _____

Fecal test within the past 6 months? _____ Result: _____ Date of last deworming? _____

Heartworm or FELV/FIV test within the past year? _____ Result: _____

On Heartworm prevention? _____ Name: _____ On it year round? _____

How does the pet behave in your office? (Nervous, relaxed, etc) _____

Any problems giving exams, vaccines, taking radiographs? If so, please explain: _____

Tentative Diagnosis/Primary Complaint: _____

Other Behavior Complaints: _____

Medical History (All current and past vet care): _____

Medication History (Dates and dosages): _____

Behavior medicines/modification plans tried: _____

Lab test findings (ECG, X-ray, etc): _____

*** Attach copies of chemistry, CBC, UA, etc ****