



Procedure Request Form

Primary Care Veterinarian: _____

Veterinary Clinic: _____

Owner name: _____

Pet name: _____

Age: _____

Species: Canine Feline Other *specify: _____

Gender: M F

Spayed/Neutered: YES NO

Rabies vaccine up to date: YES NO

Procedure requested (check all that apply):

Internal Medicine Consultation:

Ultrasound:

Comprehensive abdominal ultrasound

Urinary Tract ultrasound

Recheck ultrasound

Thoracic ultrasound

Fine needle aspirate

Pregnancy check

Other (specify below)

*Specific request: _____

Presenting Complaint/Brief History:

Summarized results of previous diagnostics & current medications:

Clinical impressions/specific questions:

Has the pet had a recent platelet count? NO YES (Result: _____)

Reminder: Please have owner complete consent form at time of drop-off