



Julie Ylarde, DVM, MPH
601 E. Charleston Blvd
Las Vegas, NV 89104
Phone: (702) 496-3002
Fax: (702) 382-0901
contact@reboot.Pet

VETERINARY REFERRAL FORM

Please fill out this form and forward it to Pet Reboot along with pertinent lab work and medical records.

Today's Date:

Referring Veterinarian Name:

Clinic Name:

Clinic Phone:

Clinic Fax:

Clinic Email:

Do you prefer to receive your patient's initial and follow-up consultation reports by fax or email?

Would you like to receive a phone call after the initial behavior consultation?

When is the best time to reach you?

Days of the week:

Time of day:

Client Name:

Client Phone:

Breed:

Sex:

Age:

Presenting Complaint:

Any previous or current treatments for behavioral problems?

Any major medical conditions?

Any current medications? (non-behavioral)

How would you describe the patient's behavior in a clinic setting?

Do you need us to contact the client to set up an appointment?

Any additional comments or concerns?

Thank you for taking the time to fill out this form and for referring your patient. We truly appreciate your referral and look forward to working with you and your patient!