



www.animalallergyanddermatology.com

Chris Cook, DVM • Dunbar Gram, DVM • Lynn Schmeitzel, DVM

DERMATOLOGY REFERRAL FORM

AAD Use Date: _____ By: _____ Verify: C V Y R

Today's Date: _____

CLIENT / PATIENT INFORMATION

Client's Name: _____

Clients Phone: _____

Patient's Name: _____

Canine Feline Breed: _____

Male Female Neutered / Spayed: Yes No

Age: _____ Weight: _____ Rabies Exp. Date: _____

REFERRING VETERINARIAN

Veterinarian: _____

Hospital: _____

Address: _____

Phone: _____

Alt. Phone: _____

Fax: _____

Please include a copy of any recent bloodwork or laboratory test results.

Reason for Referral: Allergies Pyoderma Endocrine Seborrhea Other: _____

Summary of Dermatologic History: _____

Other Medical or Surgical Problems: _____

Thank you for referring this patient to Animal Allergy & Dermatology.

After each visit, we will send you a complete summary letter updating you on your patient's progress.

1100 Eden Way North
Chesapeake, VA 23320
(757) 366-9099

Fax: (757) 366-9030

1124 Lynnhaven Pkwy
Virginia Beach, VA 23452
(757) 368-9099

Fax: (757) 368-9103

Forms Needed:

Referral #: _____

Brochures #: _____

1120 George Wash. Hwy
Yorktown, VA 23693
(757) 366-9099

Fax: (757) 366-9030

3318 West Cary Street
Richmond, VA 23221
(804) 358-3376

Fax: (804) 213-0339