Advice Request – Companion Animal Internal Medicine

Please note: This service provides medical consultation and advice to VETERINARIANS ONLY.

Veterinary Clinic Information

Clinic Name: ____________________________________________________________
Clinic Phone Number: ___________________________ Clinic Fax Number: ___________________________
Clinic Email Address: _______________________________________________________
Primary Contact Veterinarian: ___________________________ Alternate Contact Veterinarian: ___________________________
BEST TIME TO RETURN YOUR CALL: __________________________________________

Patient Information

Breed: ____________________________________________ Sex: ____________ Age: ____________
Primary or Presenting Problem: ____________________________________________________________

Case Summary – Please include salient features of the history, physical examination and diagnostic evaluation, treatment to date (if any) and response to therapy. Do not forward entire files / medical records as these will not be reviewed.

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Specific questions or concerns to be addressed:
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Please include original copies of pertinent laboratory data. Total number of pages included in fax: ________

Requests for advice will be returned by telephone (in most cases) or fax between 9am and 5pm. We strive to respond to all consults within 1-2 business days.

This consultation service is intended to provide information, advice and guidance regarding feline and canine medical issues and conditions. The information provided by the consultants is an educational service only. Regarding individual patients, the consultation service does not replace the primary care veterinarian’s independent judgment regarding the appropriateness of a diagnosis and the risks and benefits of a procedure or treatment. All health care decisions are the responsibility of the primary care veterinarian.