

11 Bourne Bridge Approach  
Buzzards Bay, MA 02532



Phone: 508-759-5125  
Fax: 508-759-9861

**Specialty Medicine**

**Emergency Service, 24 Hours a day / 7 Days a week**  
**Regional Phone 800-457-4900**

<b><i>Owner Information:</i></b>			
Name:			
Address:			
City:	State:	Zip:	
Phone (home):	work:	other:	
<b><i>Patient Information:</i></b>			
Registered Name/ID:			
Species:	Breed:	Sex:	
Age:	Weight:		
<b><i>Case History:</i></b>			
Chief concern/Provisional Diagnosis/History:			
<b><i>Vaccine History:</i></b>			
Dates last given: Distemper:	Rabies:	Kennel cough:	
felv:			
<b><i>Diagnostic Test Results (If possible, please attach results):</i></b>			
Last done: Chem. Panel:	CBC:	U/A:	T4
<b><i>Are radiographs enclosed? (they will be mailed back promptly):</i></b>			
<b><i>Current therapy &amp; medication (include dosages):</i></b>			
<b><i>Additional comments/requests:</i></b>			
<b><i>Referring Veterinarian Information:</i></b>			
Name:		Clinic/Hospital :	
Address:	City:	State:	
Zip:			
Phone:		Fax:	
<b><i>I would like to receive a call: Day of exam</i></b> <input type="checkbox"/>			
<b><i>Day of discharge</i></b> <input type="checkbox"/>			
<b><i>If you select either of the above and I can not reach you personally would you prefer I:</i></b>			
<b><i>Leave a verbal message with one of your receptionist?</i></b> <input type="checkbox"/>			
<b><i>Fax you a note?</i></b> <input type="checkbox"/>			

**THANK YOU FOR YOUR REFERRAL FROM CAPE COD VETERINARY SPECIALISTS**

You will receive a detailed letter describing my findings, recommendations and treatment. Thank you again,  
Edward Kochin VMD, DACVS; Daniel P. Beaver, DVM, DACVS; Jonathan Schneir, DVM,;  
James N. Ross Jr., DVM, M.Sc., Ph. D., DACVIM, DACVECC; Louisa Rahilly, DVM, DACVECC