



**Veterinary
Medicine
Specialists
of D/FW**

**MOBILE CONSULTATION FORM
REQUESTING VETERINARIAN INFORMATION**

Doctor _____ Hospital _____

Phone _____ Fax # _____

Email _____

CLIENT AND PATIENT INFORMATION

Client _____

Address _____ City/Zip _____

Phone Home _____ Work _____ Cell _____

Patient _____ Dog / Cat Age _____

Breed _____ Male/Neutered Female/Spayed Weight _____ LBS / KG
(Weight Limit 40kg)

REASON FOR CONSULTATION

Duration of Problem _____

Chief Complaint _____

Other Pertinent History _____

DIAGNOSTICS PERFORMED

Recent diagnostic tests (dates & results) _____

Date of last heartworm test _____ Results: Positive Negative

TREATMENT TO DATE _____

Heartworm preventative _____

2700 W HWY 114
GRAPEVINE, TEXAS 76051

682-223-9770

682-223-9771 (FAX)

VMSDFW.COM

CAELEY J. MELMED, DVM
DIPLOMATE ACVIM
(SMALL ANIMAL INTERNAL MEDICINE)

ERIKA HASCHKE PICKENS, DVM
DIPLOMATE ACVIM
(SMALL ANIMAL INTERNAL MEDICINE)

NICOLE CULWELL, DVM, MS
DIPLOMATE ACVIM
(CARDIOLOGY)

PLEASE FAX FORM AND ALL PERTINENT MEDICAL RECORDS ALONG WITH LAB TESTS AND IMAGING REPORTS