ANIMAL PAIN MANAGEMENT CENTER

LOCATED AT

AMHERST SMALL ANIMAL HOSPITAL

2217 Kensington Avenue
Snyder, NY 14226
Phone: 716-839-1100
E-mail: drstein@vasg.org
www.managingpetpain.com
www.vasg.org

Practice Referral Form

Referring Doctor:

Referring Practice:

Client Name: Pet Name: Dog ☐ Cat ☐

Pet Disposition: Relaxed and friendly 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ aggressive or difficult to restrain

Working Diagnosis:

Most recent radiographs were taken: (please send with owner)

Please send all radiographs by mail ASAP if time permits; with owner if necessary

Has CT or MR imaging been performed? No ☐ Yes ☐ Date: (please send w/ owner)

List most recent blood work:

Please fax copies to 716-839-1740

Most recent urinalysis:

Please fax copy to 716-839-1740

Current Medications, doses and intervals:

Relevant past medications, doses and intervals:

List any adverse medication events:

Please list your goals for this patient: