



TELEMEDICINE CONSULT FORM

Veterinarian

Hospital Name

Phone

Email

CLIENT INFORMATION

First Name

Last Name

Street Address

City

State

Zip

Primary Phone

Email

PET INFORMATION

Patient Name

Breed

Age

Weight in KG

Sex

Male Neutered

Male Unaltered

Female Spayed

Female Unaltered

Where smart pets bring their people.



REFERRAL INFORMATION

Consult Requested With:

Internal Medicine Emergency

Special Instructions:

Reason for Consultation

Pertinent Medical History

Current Medications: Please include drug, strength, dosing instructions and date started

Completed Diagnostics

Radiographs Bloodwork Blood Pressure

Ultrasound ECG

Other Materials – Please specify:

Please also submit the previous 6 months of medical records to records@VSRockies.com.

If you require a STAT consult, please call VSR at **303.660.1027** to speak directly with the appropriate specialist. Non STAT Consultations will be returned within 24 hours during normal business hours.

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