



Windsor Veterinary & Dental Services

Dr. Sandy Waugh, VMD, MS

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Referral Request and History Form

Number of pages including this form _____

Owner's Name _____ Date _____ Owner's

Street Address _____

City _____ Postal Code _____

Owner's Home Phone _____ Owner's Work Phone _____

Animal's name _____ Gender _____ Breed _____ Date of Birth _____ When

was the pet last vaccinated and against what? _____ Referring

Veterinarian _____ Referring Hospital _____

Phone _____ Fax _____ Email _____

Primary problem (detailed description of the problem, its location, duration and progression as well as treatments to date and their effect). _____

Previous dental treatments for other problems _____

Other pertinent medical or surgical history (please include copies of any pertinent laboratory reports)

Level of home care provided/expected from this owner _____

Next step: (check one)

Referring doctor will call Dr. Waugh []

Client will call Dr. Waugh []

Dr. Waugh to call our office []