



241 S. Hershey Road Harrisburg, PA 17112
P: 717.652.1270 F: 717.652.1155 ahdcvets.com

R. J. Sarsfield, DVM H. E. Balmer, VMD A. Zajac, DVM
K. A. Allen, DVM J. M. Fletcher, DVM

Ultrasound Referral Form

Jason E. Tomes, DVM, Cert. IVUSS

Date: _____

Referring Hospital: _____ Referring Veterinarian: _____

Office phone Number: _____ Fax Number: _____

Client Name: _____ Pet Name: _____

Species: _____ Breed: _____ Sex: _____

Spayed or Neutered? Y N Birth Date: _____ Weight: _____

Presenting Complaint/History:

Current Vaccine Status: _____ Date of last rabies vaccine: _____

Current/Recent Medications and special diets:

Lab Results/Tests Pending (Please fax or include copies with this form):

Radiographic Findings (please send rads):

Ultrasound Requested (please circle): Bladder/Kidneys Abdominal Cardiac Other: _____

Additional Tests requested (sterile urinalysis):

Is anesthesia/sedation possible if needed (or indicate if you know it will be necessary):

Any limitations or previous problems with anesthesia:

Any other special precautions required: