

Animal Hospital of Dauphin County

241 S. Hershey Road
Harrisburg, PA 17112
(717) 652-1270

STEM CELL

STEM CELL REFERRAL FORM

Date: Referring Veterinarian: Referring Hospital:

Office phone number AND fax:

Client name:

Pet name: Species/Breed: Age: Sex: Weight:

Vaccine status (including date of last rabies vaccine):

Y / N Current Radiographs/Images of affected joints AND Chest and Abdomen

Radiographic findings (please send radiographs):

Y / N Results of recent blood work (1-2mo)

Duration and onset of the problem/episode? ___

Has the condition improved or is the pet's condition declining? ___

Does the pet have any long standing illness or on long term medication? ___

If so what? ___

Does the pet have any known adverse reactions to medication or anesthetic agents? Y / N

If so what?___

Comments/Notes:___