



Veterinary Dermatology of New England, Inc.

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Referral Form

www.veterinary-dermatology.com

(To be filled out by your veterinarian)

Owner Information:

Name: _____

Daytime Phone: (include area code) _____ Evening Phone: (include area code) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Patient Information:

Name: _____ Weight: _____

Species: _____ Breed: _____ Gender: _____ Age: _____

History

Diagnostic
Tests
Performed

Previous
Treatments
(include
dosages)

Current
Treatments
(include
dosages)

Date of Last Rabies Vaccine: _____ Expiration Date: _____ Heartworm Test Date: _____ Results: _____

Referring Veterinarian:

Name: _____ Date: _____ Name of Hospital: _____

Phone: _____ FAX: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please include copies of any diagnostics performed (bloodwork, biopsy, cytology, prior allergy testing).
Please attach dermatology related patient records. **Thank you!**