Lachlan McQueen, DVM, DAVBP
Crossroads Animal Hospital
466 Hwy 6 West
Oxford, MS 38655
662-234-2928
vets@crossroadsanimalhospital.net

REFERRAL FORM

Veterinarians Only

Referring Veterinarian: _____

Clinic: _____

Phone Number: _____

Email: _____

Owner's Name: _____

Owner's Phone Number: _____

Patient Name: _____

Species: ☐ Dog ☐ Cat Sex: ☐ Male ☐ Female ☐ S/N ☐ Intact

Age: _____ Weight: _____ Breed: _____

Reason for referral: _____

Brief Chronological History:

List all current medications/treatments:

Email this form, medical record, and xrays to vets@crossroadsanimalhospital.net.