

AVS | AZZORE

VETERINARY SPECIALISTS

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2711 E Parkway Dr, Russellville, AR 72801
Ph (479)964-4300 Fax (479)964-4306

Website: www.azzore.com

Owner Information

Name(s): _____ Email: _____
Telephone: (home) _____ (work) _____ (cell) _____
Address: _____
City: _____ State: _____ Zip: _____
Other pets we may have provided care for in the past: _____

Patient Information

Name: _____ Species: _____ Breed: _____
Sex: Male or Female Neutered/Spayed: Y or N Age: _____ yr _____ mo Weight: _____ lb

Referring Veterinary Information

RDVM: _____ Hospital/Practice: _____
Address: _____ City: _____ ST: _____ Zip: _____

Reason for Referral

Chief Complaint: _____

Duration of Health Issue or Injury: _____
Current Medicinal Therapy: _____
Lab Results (if applicable): _____

Procedure suggestion: _____

We will be happy to provide an estimate if needed. Please contact us at (479)964-4300.

Fax this form along with copies of pertinent lab reports and radiograph findings to (479)964-4306. For any surgical procedures, we will need a CBC and Chem Panel faxed as well. The labs will need to be within the last 30 days, preferably within the last 2 weeks if possible. Please also send radiographs with the owner to the appointment. These will be returned to your office by the owner.

Thank you for entrusting us with the care of your patients.