

Specialized Care for Avian & Exotic Pets
Patient Referral Appointment

Laura Wade, DVM, Dipl. ABVP (Avian)
Taylor Lewis, DVM, Dipl. ABVP (ECM)

10882 Main Street Clarence, NY 14031
ph (716) 759-0144 fax (716) 759-0146
office@buffalobirdnerd.com
www.buffalobirdnerd.com



Date of Referral: _____

Referring Veterinarian: Doctor: _____
Hospital: _____
Phone: _____ Fax: _____
E-mail: _____
Preferred contact method: *Phone Fax E-mail Mail*
 Contact information on file

Patient Data: Client Name: _____
Phone: _____
Patient Name: _____
Species: _____
Age: _____ Gender: _____

Chief Complaint & Medical History: _____

Service(s) Requested: _____

Case Follow-up Instructions:

- Referral/management for this problem
- Referral assessment only
- Manage patient permanently

Please have client arrive 15 minutes early and bring the following:

- Any current medications
- Copies of any laboratory results (these can also be faxed ahead with this form)
- Any radiographs
- This completed form
- Any further information you would like us to have

Please email or fax this form with medical records PRIOR to patient's appointment.