

Veterinary Consultation Service Consult Form

Contact Information

Clinic Name:

Clinic Contact Name:

Job Title (Vet, RVT, Vet Assistant, etc):

Account # (SAP) and/or Telephone #:

VCS Case # (if applicable):

Fax # (optional):

Email address:

Patient Information

Species:

Breed:

Sex:

Age:

Body Weight:

Body Condition Score:

Pet Name (first and family last name):

Currently eating (amount and length of use):

Pre-Existing Condition (include all disease/comorbidities):

Bloodwork or Urinalysis Result (if applicable)K

Specific Question(s) for VCS: