



Excellence in Veterinary  
Surgical Care

# Capital Area Veterinary Specialists Texas Veterinary Oncology Veterinary Orthopedic Center

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Austin, TX 78757

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(please check a doctor listed below)

### Surgery

- Elaine R. Caplan DVM, DACVS, DABVP
- Don Hulse DVM, DACVS

### Oncology

- John Hintermeister DVM, ACVIM
- Pamela D. Jones DVM, DACVIM, DACVR

### Neurology

- Johnathan M. Levine DVM, DACVIM

### Cardiology

- Katie Meier DVM, DACVIM

Referring Veterinarian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_ (    ) \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_ (    ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Client Name: \_\_\_\_\_

Home Phone: \_\_ (    ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_ (    ) \_\_\_\_\_ - \_\_\_\_\_

Cell/Other: \_\_ (    ) \_\_\_\_\_ - \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Altered? Y  N  Age: \_\_\_\_\_

Primary Complaint/Reason for Referral: \_\_\_\_\_

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If you feel extra information is needed, please attach additional page(s).

We ask that you send **ALL** radiographs, CT, MRI, and ultrasound images (even if they have no significant findings) with the client, and we will return them to your office. Please **FAX** any original lab reports to our office, as well as records directly relating to this medical condition. Please call our office if there is any immediate information you need to relay about the case.

Thank you for the opportunity to participate in the treatment of this patient.

