



Brookville Road  
Animal Hospital

8049 Brookville Road  
Indianapolis, Indiana 46239  
317-353-6143 (phone) \* 317-322-9605 (fax)

**Surgery Referral Information**

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

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Do you want email reminders? YES or NO

Do you want to receive our bi-monthly newsletters and also exclusive offers? YES or NO

In Emergency, Contact: \_\_\_\_\_

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PATIENT INFORMATION

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Intact/Neutered \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

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REFERRAL CLINIC INFORMATION

Referring Clinic: \_\_\_\_\_ Primary Care Veterinarian: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Patient History/Diagnostic Findings: \_\_\_\_\_

Recent labs available? YES/NO (Please attach to form) Radiographs? \_\_\_\_\_

*G. Timothy Lee, DVM is available for scheduled surgery referrals  
Please call 317-353-6143 to schedule an appointment*