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**Ultrasound Referral Form**

The patient listed below has been booked for an ultrasound referral with Dr. Tim Kraemer. Please have the referring veterinarian complete this form and email it to Grant Park Animal Hospital at [office@grantparkanimalhospital.com](mailto:office@grantparkanimalhospital.com).

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| **Referring Veterinarian Information** | |
| **Veterinarian name:** | |
| **Practice Name:** | |
| **Phone:** | **Fax:** |

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| --- | --- | --- | --- |
| **Patient / Client Information** | | | |
| **Patient Name:** | | **Client First Name:** | |
| **Species:** | | **Client Last Name:** | |
| **Sex:** | **Spayed/Neutered** | **Age:** | **Weight:** |

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| **History, Clinical Signs, Lab Findings, Previous Diagnostic Tests:** |
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| **Examination Requested** |
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Please advise the owner of the necessity of clipping the hair coat to enable complete ultrasound examination. For **abdominal** ultrasound, please fast for 8 hours and allow access to water. Dr. Tim Kraemer will send a report of the ultrasound findings to the referring veterinarian within 24-48 hours.