



Circle City Veterinary Specialty & Emergency Hospital

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Carmel, IN. 46032
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www.circlecityvets.com

*William R. Widmer, DVM, MS
Diplomate, ACVR*

Attention to referring veterinarian: Please complete the following information regarding your patient and either fax or mail prior to their appointment.

Date: _____

CLIENT

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

PATIENT

Name _____ Species _____

Breed _____ Sex _____ Age _____

Vaccinations Current? _____ Date Given _____

Is this animal known to be aggressive? _____

Referring Veterinarian _____

Hospital/Clinic Name _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

Previous Radiographs? Yes No

Imaging Requested (please circle): Radiology Abdominal Ultrasound Cardiac Ultrasound Other _____

Problem List/Reason for Imaging:

Clinical Information (history, signs, lab data): *Please do not attach records*

Permission for sedation/anesthesia? Yes No

Preferred sedation/anesthetic protocol _____

Thank you for your referral