

# Department of Defense Military Working Dog Veterinary Service Referral Information Form

For use of this form, see AR 40-905; the proponent agency is OTSG.

## SECTION I - ADMINISTRATIVE DATA

### Part A - Referring Veterinarian Data

1. NAME		2. DATE (YYYYMMDD)
3. ADDRESS	4. PHONE (commercial & DSN)	5. FAX
	6. E-mail	

### Part B - Animal Identification and Related Data

7. NAME OF ANIMAL	8. TATTOO NUMBER	9. BREED
10. DATE OF BIRTH (YYYYMMDD)	11. SEX	12. CERTIFICATION
13. OWNING SERVICE	14. DUTY STATION	
15. CURRENT DIET (type, amount and frequency)		

### Part C - Kennelmaster/Handler Contact Data

16. NAME		
17. ADDRESS	18. PHONE (commercial & DSN)	19. FAX
	20. E-mail	

## SECTION II - CLINICAL DATA

21. CHIEF COMPLAINT (cc)
22. DURATION OF PROBLEM/CONDITION

23. REFERRING VETERINARIAN SIGNIFICANT FINDINGS/REASON FOR MEDICAL REFERRAL

24. REFERRING VETERINARIAN ASSESSMENT/PROVISIONAL DIAGNOSIS

25. CURRENT MEDICATIONS *(dose, frequency, duration - include past therapies if pertinent to current problem)*

26. ADDITIONAL INFORMATION INCLUDED WITH RECORD *(if applicable)*

RADIOGRAPHS

CIVILIAN VETERINARY RECORDS

RECENT LAB RESULTS

OTHER: \_\_\_\_\_

27. ADDITIONAL REMARKS *(use continuation page, if needed)*

28. DODMWDVS CONSULTING VETERINARIAN

27. ADDITIONAL REMARKS (continuation page)