



**EMAIL OR FAX THIS ORDER TO:**  
**info@animalimaging.net - (972) 869-9916**  
**PLEASE INCLUDE THE MOST RECENT PHYSICAL EXAM FINDINGS AND LABORATORY RESULTS WITH THIS FORM.**

## ULTRASOUND REFERRAL FORM – EQUINE

Ultrasound appointments are performed on an outpatient basis. Sedation may be required.

Date of submission\*: \_\_\_\_\_

Registered Name\*: \_\_\_\_\_ Barn Name\*: \_\_\_\_\_

Breed\*: \_\_\_\_\_ Age\*: \_\_\_\_\_ Color\*: \_\_\_\_\_

Gender\*:  Mare  Gelding  Stallion

Owner's Name\*: \_\_\_\_\_ Phone\*: \_\_\_\_\_

Owner's Address\*: \_\_\_\_\_ City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Owner's Email\*: \_\_\_\_\_

**Main Contact (if different from Owner)\*:**

Email\*: \_\_\_\_\_ Phone\*: \_\_\_\_\_

Referring Veterinarian\*: \_\_\_\_\_ Preferred Contact Phone\*: \_\_\_\_\_

Clinic Name\*: \_\_\_\_\_

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

Email\*: \_\_\_\_\_ Fax\*: \_\_\_\_\_

Insured\*?  Yes  No

Specific area of interest\*: \_\_\_\_\_

History/lameness exam finding\*: \_\_\_\_\_

Symptoms\*: \_\_\_\_\_

Additional exam you are prescribing\*: \_\_\_\_\_

Veterinarian's Signature\*: \_\_\_\_\_

*\*Required field.*