



Innovative Equine Podiatry  
and Veterinary Services, PLLC  
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### Equine Patient Referral

Date: \_\_\_\_\_

Referring Hospital: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

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

Owner Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Sec. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Patient Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Use: \_\_\_\_\_ M \_\_\_ F \_\_\_ G \_\_\_

Date First Lameness: \_\_\_\_\_

History (duration of symptoms, onset): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clinical Signs (heat, swelling, effusion): \_\_\_\_\_

\_\_\_\_\_

Lameness (grade 1-5, response to flexion and hoof testers, list all limbs with abnormalities): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Diagnostic Anesthesia (block and percent improvement, does lameness switch to contralateral limb): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Radiographic/Ultrasound/Scintigraphy Findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clinical Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Previous Therapy (medication, response, duration): \_\_\_\_\_

\_\_\_\_\_