FOR VET PROFESSIONALS

Veterinary Professional Referral Form

In-Home LVT Support & Client Education Referral

Referring this client to Xavier's Veterinary Care for in-home veterinary technician support and client education.
Please complete all applicable sections. Fax, email, or hand this form to the client to present at time of service.

■ Referring Hospital / Clinic / Organization

Hospital / Clinic / Organization Name

Date of Referral

Street Address

City, State, ZIP

Main Phone

Fax

Email

■■■■ Referring Veterinarian

Veterinarian Full Name (DVM)

License Number

Direct Phone / Extension

Direct Email

Preferred Method of Communication:

☐ Phone ☐ Email ☐ Fax ☐ Client Delivers Form ☐ ☐

■ Client & Patient Information

Client (Owner) Full Name

Best Phone Number

Client Email

Preferred Contact Method

Pet Name

Species

Breed

Age

Weight

Sex

Microchip #

Primary DVM / Reg. Vet

■ Clinical Context

Primary Diagnosis / Working Diagnosis (if applicable)

ICD / Diagnosis Code (optional)

Current Treatment Plan (summary):

Current Medications (name, dose, frequency):

■ Reason for Referral

Primary reason for referral to Xavier's Veterinary Care:

Requested in-home support services — check all that apply:

- ☐ Post-surgical monitoring & wound care
- ☐ Client education on diagnosis / condition
- ☐ Senior / palliative comfort care
- ☐ Specimen collection (blood, urine, fecal)
- ☐ Behavioral & enrichment guidance
- ☐ End-of-life / hospice support & planning
- ☐ Medication administration support
- ☐ Nutrition & feeding support
- ☐ Physical assessment & vitals monitoring
- ☐ IV / SQ fluid administration support
- ☐ Vaccination & preventive care education
- ☐ Other (see Special Instructions below)

■■ Special Instructions & Safety

Follow-up requested from XVC?

Preferred follow-up timeframe

Special instructions for the visit (access, behavioral concerns, handling notes):

Safety concerns — check all that apply:

- ☐ Aggressive / anxious pet
- ☐ Restricted building access
- ☐ Multiple pets in home
- ☐ Infection control precautions
- ☐ Mobility-limited owner
- ☐ None noted

Records / Documentation Attached:

☐ Discharge Summary ☐ Lab Results ☐ Imaging / Radiology ☐ Vaccination Records ☐ Other

Additional Notes / Anything Else XVC Should Know:

■■ Xavier's Veterinary Care — Scope of Practice Reminder

XVC is a licensed veterinary technician (LVT) practice. We operate within LVT scope: physical assessment, wellness care, client education, specimen collection, and medication administration. We do not diagnose, prescribe, or perform surgery. XVC works in collaboration with the attending DVM — we supplement your care, we do not replace it.

Referring Veterinarian Signature & Certification

By signing, I confirm this referral is appropriate and that the information above is accurate to the best of my knowledge.

Signature: _____ **Date:** _____ **License #:** _____

Space reserved for electronic signature when this form is integrated into the xvetcare.org online submission portal.

■ **Submit online: xvetcare.org/referral** ✉ **Email: referrals@xvetcare.org**

Xavier's Veterinary Care — Mobile LVT Services, New York City
xvetcare.org · info@xvetcare.org · Serving all 5 boroughs · In-home appointments available 7 days