

Blackford Veterinary Surgery Referral
Phone: 865-670-9185
Fax: 865-531-7149
Email: info@blackfordvetsurgery.com
1505 Bob Kirby Rd
Knoxville, TN, 37931



Dr. LeeAnn Blackford, DVM, DACVS
Dr. Rebecca Hodshon, DVM, DACVS-SA

Please have the owner call us to schedule a referral appointment!

Date: _____

Patient's Name: _____

Species: _____

Color: _____

Sex: _____

Age/DOB: _____

Weight: _____

Owner's Name: _____

Phone: _____

Address: _____

Reason For Referral: _____

History of presenting problem:

Current Treatment:

Other Information:

Current Medications: _____

Previous Disease/s: _____

Previous Surgeries: _____

Please send copies of pertinent medical records, radiographs, and lab results.

Referring Veterinarian: _____

Referring Practice (with Address):

Phone: _____

Fax: _____

E-Mail: _____