

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 be sure to include patient records, radiographs, and bloodwork. We will contact the referral in 24-48 hours. Thank you!

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: \_\_\_\_\_