



Clinic/Animal Hospital: _____

Requesting Doctor: _____ Date: _____

Physical Address: _____

Phone: _____ Fax Phone: _____

Owner Last Name: _____ Owner First Name: _____

Pet Name: _____ Patient ID #: _____

Species: _____ Breed: _____

Age: _____ Weight: _____ Sex: M MN F FS Unknown
(circle one)

Exam Type: _____

Number of X-rays submitted: _____

Relevant Health History/Notes: _____

Attach additional pages for notes as needed.

FedEx Consults To:
PetRays Veterinary Radiology Consultants
200 Valley Wood Rd., Suite B-200, The Woodlands, TX 77380
281-465-0008 ~ 281-363-0352 fax