Prairie Winds
VETERINARY CENTER

5370 51st Ave S
Fargo, ND 58104
Phone: (701) 356-5600
Fax: (701) 356-5601
Email: clientservices@prairiewindsvet.com

Referral Request

Date: _____

Please check one of the following options:

- ☐ Acupuncture Referral with Dr. Carlson
- ☐ Dentistry Referral with Dr. Calderwood
- ☐ Equine Referral with Dr. Wisnewski
- ☐ Ophthalmology Referral with Dr. Wisnewski
- ☐ Orthopedic Referral with Dr. Burchill

Please check the following options:

- ☐ Consultation
- ☐ Immediate Care or Evaluation
- ☐ PWVC to Contact rDVM
- ☐ PWVC to Contact Client

Referring Veterinary Information:

DVM: _____

Clinic: _____

Phone: _____

Fax: _____

Email: _____

Client Information:

Client Name: _____

Address: _____

City/Zip: _____

Phone: _____

Email: _____

Patient Information:

Name: _____

DOB: _____

Breed: _____

Sex: _____

Color: _____

Please email or fax medical records and/or radiographs to our clinic at time of request to: prairiewindsveterinary@gmail.com or (701) 356-5601. Thank you.