

## Communication Preference Form

Dear Referring Veterinarians,

We would like to ensure that every veterinarian working at your practice receive their clients' report(s) letters and any other correspondence from our practice. As such we need to update our records for all referring veterinarians. Please take the time to compile a list of all veterinarians, first and last names, at your practice and **fax back to us at 609-259-8484**. Eventually we would like to be able to send memos regarding lectures, upcoming events, etc via e-mail. Please list your hospital/personal e-mail address in the space provided. Thank you!

**PRACTICE NAME:** \_\_\_\_\_

1) **Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
When Clients are referred to our practice do you prefer  Faxed preliminary report  
(please check all that apply)  Telephone call  
 Faxed consultation at end of visit

2) **Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
When Clients are referred to our practice do you prefer  Faxed preliminary report  
(please check all that apply)  Telephone call  
 Faxed consultation at end of visit

3) **Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
When Clients are referred to our practice do you prefer  Faxed preliminary report  
(please check all that apply)  Telephone call  
 Faxed consultation at end of visit

4) **Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
When Clients are referred to our practice do you prefer  Faxed preliminary report  
(please check all that apply)  Telephone call  
 Faxed consultation at end of visit

\*Attach additional pages as needed

Thank you,

Daniel Stobie, DVM, MS  
Diplomate ACVS/Chief of Staff