



*Heartland values. Expert Care.*

## Great Plains Veterinary Dermatology

<https://greatplainsvetderm.com/>

### Referral Form

Referring Veterinarian Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax or email: \_\_\_\_\_

Client name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Patient name: \_\_\_\_\_ Canine/Feline

Breed: \_\_\_\_\_ F / FS / M / MN Age: \_\_\_\_\_ years/months

Referral reason:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Please email referral & medical records to [contact@greatplainsvetderm.com](mailto:contact@greatplainsvetderm.com)**

*Our practice is built on a foundation of **integrity**, ensuring honest advocacy for every patient. We approach every case with **empathy** to relieve suffering and honor the human-animal bond, while using **collaboration** to create a unified, holistic health plan. As a **community**-centered, locally owned clinic, we are committed to **accessibility**, making high-quality care feasible for our neighbors.*

**Office of Dr. Katherine Irwin, DVM, DACVD. Call (402)-395-8902 to schedule an appointment.**

**Hours of operation are Tuesday-Friday from 8-5.**