



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**

*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.