NORTH GEORGIA VETERINARY SPECIALISTS
Partnership + Expertise + Compassion

REFERRAL INFORMATION
FAX (678) 835-3301

REFERING DOCTOR'S NAME		REFERRING DOCTOR'S PRACTICE
PHONE NUMBER	FAX NUMBER	EMAIL

CLIENT'S NAME		PET'S NAME			WEIGHT
HOME NUMBER	ALTERNATE NUMBER	SPECIES	BREED	AGE	SEX

REFERRING DOCTOR (please circle)				
DERMATOLOGY	MEDICINE	ONCOLOGY	PHYSICAL REHAB PAIN MGT.	SURGERY

REASON FOR REFERRAL

BRIEF HISTORY

PREVIOUS TREATMENTS (List Medications, Doses, Dates)

DIAGNOSTICS
Labwork Performed ☐ yes ☐ no Fax to (678) 835-3301 Radiographs ☐ yes ☐ no Email to refer@ngvetspecialists.com
Fax the past pertinent patient's medical history to (678) 835-3301