NORTH GEORGIA VETERINARY SPECIALISTS

Partnership ✦ Expertise ✦ Compassion

Referral Form

REFERRING DOCTOR'S NAME	REFERRING DOCTOR'S PRACTICE

PRACTICE'S PHONE NUMBER	PRACTICE'S FAX NUMBER	PRACTICE'S EMAIL ADDRESS
CLIENT'S NAME	**ALTERNATE CLIENT'S NAME**	**CLIENT'S ADDRESS**
CLIENT'S CALL 1ST NUMBER	**ALTERNATE NUMBER**	**EMAIL ADDRESS**

PET'S NAME	SPECIES	BREED	WEIGHT
AGE/DOB	**SEX/NEUTURED OR SPAYED**	**RABIES/VACCINES UP TO DATE**	**TEMPERMENT**

WHICH SERVICE IS BEING REQUESTED?		
☐ SURGERY	☐ INTERNAL MEDICINE	☐ EMERGENCY TRANSFER

REASON FOR REFERRAL

BRIEF HISTORY

PREVIOUS TREATMENTS (List Medications, Doses, Dates)

DIAGNOSTICS

LABWORK		RADIOGRAPHS	
YES	NO	YES	NO

Please email records to ngvsrecords@gmail.com or fax to 678-835-3301

Address	Phone	Fax	Email	Website
1328 Buford Highway, Building 200 Buford, GA 30518	678-835-3300	678-835-3301	ngvsrecords@gmail.com	ngvetspecialists.com

AAHA ACCREDITED REFERRAL

• Diagnostic Imaging • Emergency & Critical Care • Internal Medicine • Surgery