



- Emergency Service
- Surgery Service
- Internal Medicine Service
- Radiology Outpatient Service

Referral/Consultation Form

1. Complete the following form and fax to (919) 403-3339
Or
2. Call (919) 489-0615 and speak to one of our doctors

Referring Veterinarian: _____ Date: _____

Hospital: _____ Phone: _____

Patient name: _____

Owner name: _____

Phone number: _____

| |
|----------------|
| Species: _____ |
| Gender: _____ |
| Age: _____ |

Presenting complaint: _____

Findings/tests performed: _____

Current medications: _____

Additional comments: _____

- Please call me regarding this referral /consultation
- Client will call
- Please call client to make appointment
- Quote requested