

Standard Referral Form

1956 Lawrenceville-Suwanee Road, Lawrenceville, GA 30043
Phone: 770-277-8600
Fax: 770-277-8694
www.gvsvet.com

Date _____

Individual completing this form (if not primary veterinarian) _____

Veterinarian _____ Phone _____

Practice _____ Fax _____

Client Name (last, first) _____ Phone _____

Client Address _____

Patient Name _____ Breed _____ Color _____ Age _____ Sex _____

Vaccinations: All Are Current Current Rabies Only All Are Overdue Date of Last Vaccinations _____

Referral To (please choose one service)

Internal Medicine Oncology Cardiology Soft Tissue Surgery Ophthalmology

Dermatology Nutrition Integrative Medicine Orthopedics

*If you have a daytime emergency please call 770-277-8600.

Chief Complaint / Tentative Diagnosis _____

History/Physical Findings _____

Treatments _____

Lab Work No Yes If Yes: Fax To 770-277-8694 or Email To referrals@gvsvet.com

Lab Comments _____

Radiographs No Yes If Yes: Client will bring To be mailed Please do not email radiographs

Radiograph Comments _____

Veterinarian's preferred method of communication from GVS: Fax Phone

Other Requests / Comments _____
