

HUDSON HIGHLANDS VETERINARY SPECIALTY GROUP

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___ Paul S. McNamara, DVM, DACVS (Small Animal Surgery) ___ Laurie Hess, DVM, DABVP (Avian/Exotic Practice)
___ Michael T. Verra, DVM, DABVP (Canine & Feline medicine) ___ Consulting Radiologist Justin M. Goggin DVM, DACVR

*Please fax or mail pertinent medical records to our office as soon as possible for review
prior to appointment*

Date _____

Consultation for (medical condition): _____

Referring Veterinarian _____

Practice/Hospital _____

Phone _____ Fax _____

Client Name _____

Address _____ Phone _____

Patient Name _____

Species _____ Age _____ Breed _____ male/female spayed/neutered

Presenting Complaint/Medical History _____

If CT or MRI request—Area to be imaged _____

All referred patients are to be current on vaccines including bordatella vaccine.

Thank you for entrusting us with the care of your client. How would you like to be updated regarding this case?

___ Letter ___ E-mail ___ Fax ___ Phone