



HUDSON HIGHLANDS VETERINARY SPECIALTY GROUP

REFERRAL FORM

222 Lime Kiln Road Hopewell Junction, New York 12533 Phone 845-223-8682 Fax 845-223-8672

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|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Paul S. McNamara DVM, DACVS (Small Animal Surgery) | <input type="checkbox"/> Nicholas Spaccarelli DVM (Rehabilitation Medicine) |
| <input type="checkbox"/> Jean-Paul Petrie DVM, DACVIM (Cardiology) | <input type="checkbox"/> Stephen Abel DVM, CA (Acupuncture) |
| <input type="checkbox"/> Jennifer Fryer DVM (Internal Medicine) | <input type="checkbox"/> Michael T. Verra DVM, DABVP (Canine & Feline Medicine) |
| <input type="checkbox"/> Ellen M. Lindell VMD, DACVB (Behavior Consultations) | <input type="checkbox"/> Advanced Imaging (CT & Digital Radiography) |
| <input type="checkbox"/> Veterinary Oncology & Hematology | |

Consultation for: _____

Referring Veterinarian _____

Practice/Hospital _____

Phone _____ **Fax** _____

Client Name _____

Address _____ **Phone** _____

Patient Name _____

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

Veterinary Summary- Please provide a concise summary of key points of this case:

Please fax or mail pertinent medical records (biopsy reports, radiology reports and recent lab work) to our office as soon as possible for review prior to appointment. Radiographs may be sent with owner.

Thank you for entrusting us with the care of your client.