ANIMAL ER — Progressive Medicine. | VETERINARY SPECIALTY CENTER of the Hudson Valley — Extraordinary Care.

Patient Referral Form

Please provide the following information on your patient and case so we may be prepared to offer continuity of care.

Referring Doctor	Phone Number
Referring Hospital	Fax Number
Client Name	Patient Name
Client Phone	Species / Breed / Sex / Age

How would you prefer to be contacted about this case?

☐ Phone ☐ Fax ☐ Email ☐ Postal Mail

Presenting Complaint: ______________________________

Requested Services: (may choose more than one) ☐ with Consultation ☐ Without Consultation

☐ Emergency ☐ Echocardiogram ☐ Ultrasound ☐ Radiographs ☐ Internal Medicine

☐ MRI ☐ Critical Care ☐ Surgery ☐ Neurology ☐ Oncology

Case History: Please include duration of illness, clinical signs, lab results, imaging reports (please send radiographs), any other diagnostic results (including recent and current medications and doses), and treatments:

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Specific comments, concerns of referring / primary care veterinarian:

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For an appointment or to transfer a case, please call 845-632-3200. Thank you in advance for the above information and for your trust in our care.

Veterinary Specialty Center of the Hudson Valley • 1285 Route 9 • Wappingers Falls, NY
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