



BROOKLYN
32 4th Ave
Brooklyn NY 11217
718.596.0099
718.596.0098 fax

DOWNTOWN
One West 15th St
New York NY 10011
212.924.3311
212.924.7228 fax

MIDTOWN
410 West 55th St
New York NY 10019
212.767.0099
212.767.0098 fax

QUEENS
107-28 71st Rd
Forest Hills NY 11375
718.263.0099
718.263.0098 fax

Please fax form to the hospital to which you are referring.

Family DVM _____ Date _____

Hospital _____

Hospital phone _____ DVM Phone _____

Client _____

Pet _____

Canine Feline DOB _____ WT _____

Reason for referral, special requests, comments, current medications:

Diagnostics pending from (lab name) _____

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> CBC | <input type="checkbox"/> T4 |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Urinalysis |
| <input type="checkbox"/> Culture source _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cytology | |

I am transferring this patient to

- the appropriate specialty service.
- the emergency service and then, if needed, to a specialty service.
- the emergency service and, as appropriate, discharge the patient to go home or back to my hospital.