



Northlake Veterinary Surgery

(404)292-3281 (phone)

(404) 292-5981 (fax)

Fax Referral Form

Fax completed form to (404) 292-5981

(Please print all information clearly)

Date: _____

Client's Last Name: _____

Referring Veterinarian: _____ Phone Number: _____

Hospital: _____ E-mail: _____

Client name: _____ Is this a previous NVS client?: Yes No

Home phone: _____ Work Phone: _____ Cell Phone: _____

Pet's name: _____ Breed: _____ Age: _____

Sex: _____ Spayed or Neutered? Yes No Current weight: _____

Are vaccines current?: Yes No Patient Behavior: Good Caution Will Bite

****Rabies Vaccine must be current for referral to NVS**

Chief complaint(s): _____

Duration: _____

History: _____

Current Medications: _____

Is current bloodwork available? Yes No

**Please note, a CBC and Chemistry profile is required prior to sedation or anesthesia on any patient \geq 5 years old.

**Please Fax pertinent laboratory work with this form

Have radiographs been taken? Yes No

**Please send the radiographs or digital images of the radiographs with the client to their appointment.

Is this a surgical emergency? Yes No

**For all emergencies, neurology cases, and complicated orthopedic or general surgery cases, we request a phone call from the referring clinician to facilitate appropriate case triage.

Northlake Veterinary Surgery Office Use Only

Appointment Scheduled for: _____ Dr. Greenwood Dr. Corse

Estimate: _____ Client E-mail / Fax Number: _____