



**HUDSON HIGHLANDS VETERINARY SPECIALTY GROUP**

**REFERRAL FORM**

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

\_\_\_ Paul S. McNamara DVM, DACVS (Small Animal Surgery)    \_\_\_ John Broussard DVM, DACVIM (Internal Medicine)  
\_\_\_ Northeast Veterinary Dermatology Specialists            \_\_\_ Stephen Abel DVM, CA (Acupuncture)  
\_\_\_ Jonathan C. Goodwin DVM, DACVIM (Cardiology)        \_\_\_ Advanced Imaging (CT & Digital Radiography)  
\_\_\_ Ellen M. Lindell VMD, DACVB (Behavior)

**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 (radiology reports, recent lab work and vaccine history) to our office as soon as possible for review prior to appointment. Radiographs can be emailed to [hhvmgsurgery@gmail.com](mailto:hhvmgsurgery@gmail.com) or [hhvmginternalmed@gmail.com](mailto:hhvmginternalmed@gmail.com).*

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