



**HUDSON HIGHLANDS VETERINARY SPECIALTY GROUP**

**REFERRAL FORM**

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

- |   |   |
|---|---|
| <input type="checkbox"/> Paul S. McNamara DVM, DACVS (Small Animal Surgery) | <input type="checkbox"/> Holly Kalba, DVM (Canine Rehabilitation)     |
| <input type="checkbox"/> John Broussard DVM, DACVIM (Internal Medicine)     | <input type="checkbox"/> Northeast Veterinary Dermatology Specialists |
| <input type="checkbox"/> Stephen Abel DVM, CA (Acupuncture)                 | <input type="checkbox"/> Veterinary Oncology & Hematology             |
| <input type="checkbox"/> Ellen M. Lindell VMD, DACVB (Behavior)             | <input type="checkbox"/> Advanced Imaging (CT & Digital Radiography)  |

**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.*