



335 Stephenson Ave.  
Savannah, GA 31405  
Tel#: 912-355-6113  
Cell#:912-656-7087  
Fax#: 912-355-4221  
General Email: [svec1235@yahoo.com](mailto:svec1235@yahoo.com)  
Web: [www.SavannahVetEC.com](http://www.SavannahVetEC.com)

## VETERINARY REFERRAL FORM

Date: \_\_\_\_\_

We encourage you to call Savannah Veterinary Emergency Clinic and speak with one of our doctors regarding this referral.  
Have you spoken with someone?  Yes  No If yes, whom did you speak with? \_\_\_\_\_

### Referring Veterinarian Information:

Veterinary Hospital: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### How would you prefer to be contacted on this case?

Phone: \_\_\_\_\_  Fax: \_\_\_\_\_  E-mail: \_\_\_\_\_

Would you prefer to be contacted after hours on this case?  Yes  No If yes, Cell # \_\_\_\_\_

### Client Information:

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Patient Information:

Patient Name: \_\_\_\_\_  Canine  Feline  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Vaccine Status: \_\_\_\_\_

Medical Records:  Will be faxed  Client Will Bring  Email

Radiographs: Performed?  Yes  No If yes,  Client Will Bring  Email

Lab Results: Performed?  Yes  No If yes,  Will be faxed  Client Will Bring  Email

Reason for Referral:

Past Relevant History:

Previous/Current Treatment(s) or Medication(s)

### Expectations for This Case:

- Overnight or weekend care only. As soon as able direct transfer back to rDVM office for further care and treatment.
- Please manage this case at SVEC until able to discharge home or direct transfer to appropriate specialty service.