



**NEW YORK VETERINARY SPECIALTY and Emergency Center**

2233 Broadhollow Rd. (Rt. 110), Farmingdale, New York 11735

631-694-3400 Fax 631-694-3401

www.nyvsc.com vets@nyvsc.com

**Referral Form:**

Owner's Name:			
Address:	City:	State:	Zip:
Home #	Work #	Cell #	
Pet's Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	Breed:	
Weight:	Age (d.o.b):	Color:	

**Referring to:**

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Internal Medicine      | <input type="checkbox"/> Dermatology            |
| <input type="checkbox"/> Surgery     | <input type="checkbox"/> Out-Patient Ultrasound | <input type="checkbox"/> Cardiology             |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Oncology               | <input type="checkbox"/> Rehabilitation Therapy |

Presenting Complaint:
Patient History:

Please fax over all diagnostic tests performed and let us know what tests are pending  
 (Pre-anesthetic CBC/Chem **is required for all imaging and surgical procedures;**  
**We recommend you do the blood work within 7 days of the procedure and send us the results.**

Treatment Given	Dose/Route	Duration of Therapy	Response to Therapy

Referring Veterinarian:	Practice Name:		
Address:	City:	State:	Zip:
Phone:	Fax		
e-mail:	website:		

**Surgery-** Allan Carb, DVM, DACVS,  
 Arnold Lesser, DVM, DACVS,  
 Jacqueline Carver, DVM, DACVS  
**Acupuncture-** Jacqueline Carver, DVM, CVA, DACVS

**Dermatology-** Norma White-Weithers, DVM, MS, DACVD  
**Cardiology-** Jonathan Goodwin, DVM, DACVIM cardiology  
 Dennis Trafny, DVM, DACVIM cardiology  
**Rehabilitation Therapy-** Mike Olic, LVT

**THANK YOU FOR YOUR REFERRAL!**