



**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:	

**For Consultation With:** (please check below)

**Surgery:**

- Allan Carb, DVM, DACVS**  **Arnold Lesser, VMD, DACVS**  **Patrick Maguire, BVSc, Hons1 Surgical Resident**
- Board Certified Anesthesiologist: **Jennifer Hess, DMV, MS, ACVA**
- Internal Medicine: **Brandi Hurwitz, DVM Practice Limited to Veterinary Internal Medicine**  Consultation  Out-patient Ultrasound
- Oncology: **Michele Cohen, DVM, MS, DACVM - Medical Oncology, DACVR-RO - Radiation Oncology**
- Dermatology: **Norma White-Weithers, DVM, MS, DACVD**
- Acupuncture & Integrative Medicine: **Nina Malik, DVM, CVA**
- Dentistry: **Donald DeForge, VMD, FAVD, FWAR, Affil. AGD**
- Rehabilitation Therapy: **Elleen Ginty, BS, LVT**

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:		

- Orthopedic Surgery ● Neurosurgery ● Soft Tissue Surgery ● 24 Hour Emergency Care
- Oncology ● Dermatology ● Internal Medicine ● Acupuncture & Integrative Medicine ● Rehabilitation ● Hydro Therapy
- Stem Cell Therapy ● ShockWave Therapy ● CT Scan ● Ultrasound ● Diagnostic Imaging ● Diagnostic & Therapeutic Scoping

**THANK YOU FOR YOUR REFERRAL!**