



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"/> Dermatology | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Cardiology | |
| <input type="checkbox"/> Out-Patient Ultrasound | <input type="checkbox"/> Veterinary Acupuncture | |

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,
Dermatology- Norma White-Weithers, DVM, MS, DACVD
Veterinary Acupuncture – Dawn Greenberg, DVM

Cardiology- Jonathan Goodwin, DVM, DACVIM Cardiology
Dennis Trafny, DVM, DACVIM Cardiology
Rehabilitation Therapy- Michael Olic, LVT

THANK YOU FOR YOUR REFERRAL!