



## Referral to: Veterinary Referral Surgical Practice – Surgery

### Location Preference

- no preference    first available    client preference    Marietta    Woodstock  
 Roswell

### Owner Information

Name

Primary Phone

Secondary Phone

Email

### Pet Information

Name

Species

- Canine    Feline    Other

Other

Breed

Altered

- Yes    No

Sex

- Female    Male

Age

Color

Weight

Vaccination last given

Rabies last given

### Referring Doctor

Hospital

Phone

Fax

Backline

Email

Reason for referral

**Current History**

**Current Medications**

**Previous existing medical conditions**

**Drug reactions or sensitivities**

**Will you be sending current blood work (within the last 3 months)**

- No  Yes  Fax  Send with owner  Woodstock

**Will you be sending radiographs?**

- Film  CD  Email

**Marietta**

(770) 424-6663  
630 Cobb Parkway,  
Marietta Ga 30830  
Fax (770) 424-5238

**Woodstock**

(678) 214-0300  
7800 Highway 92,  
Woodstock, GA 30189  
Fax (678) 494-4701

**Roswell**

Surgery, Neurology and  
Rehab Center  
(770) 594-2603  
900 Holcomb Bridge Rd,  
Roswell Ga 30076  
Fax (770) 649-5647