



Referral to: Veterinary Referral Surgical Practice – Surgery

All fields are required. Missing information can result in a delay in the referral process.

Location Preference

no preference first available client preference Marietta Woodstock Roswell

Owner Information

Name

Primary Phone

Secondary Phone

Email

Pet Information

Pet's Name

Species

Canine Feline

Altered

Yes No

Breed

Sex

Female Male

Birthdate or Age

Color

Weight

Rabies Vaccine Due Date

Hospital Name

Doctor's Name

Hospital Phone Number

Hospital Fax Number

Hospital Email Address

Reason for referral (Please specify in detail.)

Current History

Current Medications

Previous existing medical conditions

Drug reactions or sensitivities

Will you be sending current blood work (within the last 3 months) If so how will you be sending?

- None Fax (678-494-4701) Email (consult@vrspatl.com) Send with owner

Will you be sending radiographs? If so how will you be sending?

- None Film / Send with owner CD/ Send with owner Email (consult@vrspatl.com)

Any other supportive information (i.e cytology, histopathology, urinalysis, ultrasound reports etc.)

- None Email (consult@vrspatl.com)

Please also forward medical records/ history from the last year

- Email (consult@vrspatl.com) Fax (678-494-4701) Send with owner

Marietta

(770) 424-6663
630 Cobb Parkway,
Marietta, GA 30062

Woodstock

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

Roswell

(770) 594-2603
900 Holcomb Bridge Rd,
Roswell, GA 30076

**Please print and fax your referral to our Referral Coordinator
at 678-494-4701. Any questions, please call 470-795-9390.**