

**GEORGIA VETERINARY SPECIALISTS**  
455 Abernathy Rd NE, Atlanta, GA 30328  
Phone: 404-459-0903 Fax: 404-459-6462



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**EMERGENCY REFERRAL FORM**

Date: \_\_\_\_\_ Estimate \_\_\_\_\_ ETA \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_

Clinic: \_\_\_\_\_ Address: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

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Client Name: \_\_\_\_\_  
Last First

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

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Patient Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M F N DOB: \_\_\_\_\_

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Chief Complaint/Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

History/Physical Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Laboratory Data:      Performed?    Yes    No      Owner to Bring?    Yes    No

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Radiographs:      Performed?    Yes    No      Owner to Bring?    Yes    No

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Treatments (fluids, meds, dosages, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Requests: \_\_\_\_\_  
\_\_\_\_\_