



# Countryside Veterinary Medical Group

## Referral Form

454 Queensbury Ave, Queensbury, NY 12804

Phone (518)-793-7083

Fax (518)-480-4973

Email: [countrysidevets@yahoo.com](mailto:countrysidevets@yahoo.com)

### Referring Veterinarian Information

Referring Doctor:	Phone:
Hospital Name:	Fax:
Hospital Address:	Email:
Best Time to Call: Preferred method of contact: Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/>	

### Patient Information

Owner's Name:		Phone:
Owner's Address:		
Pet's Name:		Species:
Breed:	Sex: Male <input type="checkbox"/> Male/neutered <input type="checkbox"/> Female <input type="checkbox"/> Female/spayed <input type="checkbox"/>	
Age:	Weight:	
Diet:		
Vaccination History: Vaccinations are current <input type="checkbox"/> Vaccination are NOT current <input type="checkbox"/>		
Allergies/Precautions:		

History/Pre-existing conditions (including surgical procedures and dates):

Treatments/Medications/Supplements:

Reason for referral/ Diagnosis:

Please select the department(s) you are requesting a consult with:

Internal Medicine ☐    Surgery ☐    Ophthalmology ☐    Cardiology ☐    Oncology ☐  
Dermatology ☐    Rehab/Acupuncture/Pain Management ☐

**Thank you for entrusting your patients to us. Please enclose, forward (email or fax), or provide client with copies of medical records, recent lab work, radiographs, and advanced images from the last three years for the consult.**