



Referring Veterinarian Report to Specialist

at Garden State Veterinary Services **WOODBIDGE**



Referring Veterinarian: _____ Date: _____

Hospital: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Best time to call: _____

Fax: _____ E-mail: _____

Owner's Name: _____ Phone: _____

PATIENT DESCRIPTION:

Name: _____ Date of Most Recent Rabies VAX: _____

Species: _____ Breed: _____ Age: _____

M ☐ C ☐ yrs./mos. _____

F ☐ S ☐ wks./days _____

HISTORY: *(Attach additional sheets if necessary)*

REASON FOR REFERRAL:

DRUGS ADMINISTERED: *(Include Dosage and Time Administered)*

RECORDS INCLUDED: ☐ Medical records ☐ Laboratory reports ☐ Digital radiographs

Records, including digital radiographs (.jpg format) may also be emailed to: medrecswb@gsvs.org

Garden State Veterinary Services **WOODBIDGE**

1200 Rt. 9 North | Woodbridge, NJ 07095 | 732-283-3535 | gsvservices.org





Garden State Veterinary Services WOODBRIDGE



GSVS WOODBRIDGE is a 24-hour referral hospital, which also provides emergency care 24/7, 365 (with no referral needed). Our goal is to provide your client's pet with progressive veterinary care in the fields of emergency care, surgery, internal medicine, neurology/neurosurgery, oncology and cardiology.

Whenever possible, please call ahead to let GSVS WOODBRIDGE know you are sending in a patient: 732-283-3535



SCAN HERE FOR DIRECTIONS

GSVS WOODBRIDGE is centrally located in New Jersey at 1200 Route 9 North



Please give this completed form and any other relevant medical records to your client so we can best address the needs of your patient.

Or FAX to: 732-283-4357

Or EMAIL to: medrecswb@gsvs.org

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