SAVES
South Asheville Veterinary Emergency & Specialty

1836 Hendersonville Road, Asheville, NC 28803
Phone: (828) 210-8285
Fax: (828) 537-1173

Consult/Referral Form

Please choose one of the options and fill out the form completely.

☐ Standard Specialty Referral

☐ Emergency Transfer
All emergency transfers will be processed by our Emergency & Critical Care Department. Specialists will be consulted as needed based on service availability.

Department:

☐ Emergency & Critical Care
☐ Internal Medicine
☐ Medical Oncology
☐ Neurology & Neurosurgery
☐ Surgery
☐ Outpatient Ultrasound

Doctor:_____ Patient:_____

Hospital Name: _____ Species/Breed: _____

Hospital Phone: (___)_____-_____ext._____ Color:_____Age:_____Sex:_____Weight:_____

Hospital Fax: _____ Client Name: _____

Hospital E-mail: _____ Client Phone: (___)_____-_____

Alternate Phone: (___)_____-_____ext._____ Client E-mail: _____

Note: alternate number is needed since we may need to return your call after normal business hours.

Client Address: _____

Reason for consult/referral:

Case Summary (Please attach pertinent history and laboratory results if needed):