



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

Neurology & Neurosurgery

Surgery

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):

