



# 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.

**Asheville Departments:**

- Emergency & Critical Care
- Internal Medicine
- Neurology & Neurosurgery
- Oncology (Medical)
- 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):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_