



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 (no phone consult needed)

Phone Consult Only (no referral currently)

Please note: standard phone consults may take up to 1 week to be addressed.

Phone Consult & Referral

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Urgent Referral

Asheville Departments:

Emergency & Critical Care

Internal Medicine

Neurology & Neurosurgery

Oncology (Medical)

Ophthalmology

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):

