



370 Greenbrier Dr., Suite A-2
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REFERRAL FORM

Thank you for referring to the Greenbrier Emergency Animal Hospital. Please fill out and fax the following information to help us better serve you, your patients, and your clients. We also ask that you call us to further discuss this case to ensure all of your needs are met.

Referring hospital name: _____
Hospital phone number: _____ Referring doctor's name: _____
Client's name: _____ Client's phone number: _____
Patient's name: _____ Age: _____ Sex/Species/Breed: _____

Presenting complaint to your hospital: _____

Duration: _____

Pertinent patient history: _____

Pertinent physical examination findings: _____

Diagnostic abnormalities: _____

Tentative or definitive diagnosis: _____

Treatment already initiated: _____

Continued therapeutic and diagnostic instructions (Include reason for referral. We will make every attempt to follow your suggested plan.): _____

Please attach a copy of your records for this patient, including all lab work. Please send a copy of the radiographs or ultrasound images with the client.

Hours: 6 p.m. - 8 a.m., M-F • 24 hours on Saturdays & Sundays • Open On Major Holidays
Walk-ins welcome, please call if you are able.