



EMERGENCY + SPECIALTY CARE

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www.upstatevet.com

Consult/Referral Form

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

- Standard referral** (no phone consult needed)
- Standard phone consult** (no referral currently)
- Phone consult & referral***

**Please note that standard phone consults may take up to 72 hours to be addressed*

- URGENT referral for:**
 - Specialty Care
 - Monday- Friday 8am-5:30pm
 - Emergency Care
 - Monday- Thursday 6pm-8am
 - Friday 6pm- Monday 8am

**Please also call Upstate Vet about this case for immediate attention.*

Doctor: _____

Patient: _____

Hospital: _____

Species/Breed: _____ Color: _____

Phone: _____

Age: _____ Sex: _____ Weight: _____

Fax: _____

Client Name: _____

E-mail: _____

Phone: _____

Alternate Phone: _____

Address: _____

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

email: _____

- Specialty:** Cardiology Dentistry Internal Medicine Neurology
 Oncology Ophthalmology Radiation Oncology Surgery

Reason for consult/referral:

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

