



Guntersville Animal Hospital & Surgery Center

1609 Henry St • Guntersville, AL 35976
Phone: (256) 582-3184 • Fax: (256) 582-8139
www.guntersvillevet.com

Referral Form Fax# 256-582-8139

Date: _____

Referring Veterinarian and Clinic Information

Referring Veterinarian: _____

Referring Practice: _____

Address: _____ City: _____ State: _____

Telephone: _____ Fax: _____

Clinic Email: _____

Owner and Patient Information

Owner Name: _____

Patient name: _____

Address: _____

Species: _____ Color: _____

Address: _____

Breed: _____

Home Phone: _____

Sex: _____ Neutered? **YES NO**

Cell/Work Phone: _____

Age: _____ Weight: _____ lbs

Email: _____

Vaccine Status: _____

Condition of Patient: Healthy Stable Critical

Reason for Referral: _____

History: _____

Diagnostic Tests Performed **(please send copy of diagnostic results and/or radiographs with owner):** _____

Treatments/Medications (please include dates, dosing, and response to treatment): _____

Additional Comments: _____

Please include copy of recent medical records pertaining to this referral. We will call the owner to set up an appointment. A summary of our findings, treatments, and discharge instructions will be faxed to you as soon as possible – Please do not hesitate to call any time.