



VERG North
318 Warren Street
Brooklyn, NY 11201
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718.522.9755 Fax

VERG South
2220 Flatbush Avenue
Brooklyn, NY 11234
718.677.6700 Tel
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www.verg-brooklyn.com

REFERRAL FORM

Referring Veterinarian _____ Date _____

Hospital _____

Client _____ Pet's name _____

Canine Feline Breed _____ Male Female Date of Birth _____

REASON FOR REFERRAL

I am transferring this patient to: (please check all that apply)

- Emergency
- Cardiology
- Dermatology
- Internal Medicine
- Neurology
- Ophthalmology
- Surgery
- Oncology
- Transfer back tomorrow

ENCLOSURES/ DIAGNOSTICS

- Records
- CBC
- Cytology
- T4
- Radiographs
- Chemistry
- Urinalysis
- Other

RECORDS SENT BY:

Email
records@verg-brooklyn.com
radiographs@verg-brooklyn.com

Fax
VERG North 718.522.9755
VERG South 718.677.6725

Sent with client

For additional history, please use back of form.



Cardiology
Dermatology
Emergency
Internal Medicine
General Surgery

Oncology
Ophthalmology
Orthopedic Surgery
Neurology
Neurosurgery

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24-Hour Emergency and Critical Care

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