



# 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

Emergency Transfer

All emergency transfers will be processed by our  
Emergency & Critical Care Department. Specialists will  
be consulted as needed based on service availability.

**Department:**

- ☐ Emergency & Critical Care
- ☐ Internal Medicine
- ☐ Neurology & Neurosurgery
- ☐ Surgery
- ☐ Outpatient Ultrasound

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:

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

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