



800 W. Jericho Tpke, Huntington NY 11743
Phone: (631) 923-3210 Fax: (631) 367-8130
www.WHAECC.com

Referral Form

Date: _____

Referring Hospital Name: _____

Phone #: _____ Fax #: _____

Referring Veterinarians Name: _____

Referring DVM/ Hospital Email: _____

Which method of communication is most convenient to receive Admission and Discharge Summaries of your patients?

Email Fax Mail Combination (please list):

Clients Name: _____

Clients Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Patients Name: _____ Age/DOB: _____ Sex: _____

Species/Breed: _____ Color: _____ Weight: _____

Please Select Service:

- Emergency & Critical Care Center**
- Surgery** - Dr. Marc Hirshenson, DVM, DACVS-SA
- Cardiology** - Dr. Jonathan Goodwin, DVM, DACVIM & Dr. Dennis Trafny, DVM DACVIM
- Rehabilitation Services** - Victoria Kearns, LVT, CCRP, NCM

Presenting Complaint:

Brief History:

Current Diagnostic Tests (including pending results):

Current Treatment and Medications:

*Please fax over all history/diagnostic tests (including pending) with the form to (631) 367-8130 or have client bring with them, if possible. This form can be accessed from our website at www.WHAECC.com

Thank you for your referral!