



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

Referral Form

Date: _____

Is this an Emergency? _____

Referring Hospital Name: _____

Phone #: _____ Fax #: _____

Referring Veterinarians Name: _____

Referring DVM/ Hospital Email: _____

Which method of communication would be 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:

- Cardiology Services - Keith Blass, DVM, MS, DACVIM
- Integrative Medicine - Lisa J. Donato, DVM, CVA, FAAVA, CVT, CVH, CAC
- Internal Medicine - Jaqueline Gest-Poulos, DVM
- Oncology Services - David Hunley, DVM, DACVIM
- Rehabilitation Services - Victoria Kearns, LVT, CCRP, NCM, OACM, Claire Bonadonna, LVT, CCRP
- Surgery Services - Ariel Kravitz, DVM, DACVS-SA, Mark Levy, DVM, DACVS-SA
- Theriogenology Services - Carol Margolis, DVM, DACT

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 your client bring with them, if possible. This form can be accessed from our website at www.WHAECC.com

Thank you for your referral!