



Phone: 1.800.700.VETS
Local: 770-467-3140
Fax: 770.957.0870

REFERRAL FORM

Referring doctors, please use this form to give us some information about your patient before we begin treatment. You may fax the completed form along with any medical records to 770-957-0870. The bottom portion can be torn off and given to the patient so they can easily find our facility.

PATIENT INFORMATION

Pet Name: _____ Client Name: _____

Client Phone #1: _____ Client Phone #2: _____

REFERRING DOCTOR INFORMATION

Doctor Name: _____ Referring Clinic: _____

Phone: _____ Email: _____

Patient chief complaint of problem: _____

Patient history & findings: _____

Services you would like us to perform: _____

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▼ Remove bottom portion and give to client. Fax top portion to Woodland Animal Hospital at 770-957-0870. ▼



Your vet has referred you to Woodland Animal Hospital for treatment. Please feel free to call us anytime with questions or concerns. We are open 24 hours a day, seven days a week.

2675 HIGHWAY 155 SOUTH LOCUST GROVE, GA 30248

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