

- EMERGENCY CRITICAL CARE DEPARTMENT
- SURGERY DEPARTMENT
- MEDICINE DEPARTMENT
- OPHTHALMOLOGY DEPARTMENT

Referring Hospital: .....

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Referring Doctor: .....

Phone: .....

Fax: .....

**PLEASE SEND ALL CURRENT RADIOGRAPHS  
AND LAB WORK**

- Radiographs Enclosed
- Lab work Enclosed

**EMERGENCY AND CRITICAL CARE**

Amy A. Shroff, VMD Dept. Head, Chief of Staff  
Heather Chalfant, VMD  
Sarah Schlesinger, MS, DVM  
Christina Valiant, VMD  
Heather Kridel, DVM  
Deirdre Fornari, DVM  
Susan Magestro, DVM  
Claudia Bowman, DVM  
Stacie Lipinski, DVM

**INTERNAL MEDICINE**

Bari L. Spielman, DVM, Diplomate, American College  
of Veterinary Internal Medicine, Department Head

**RADIOLOGY**

Leslie A. Schwarz, DVM, Diplomate, American College  
of Veterinary Radiology  
Jennifer O'Sullivan, DVM

**OPHTHAMOLOGY**

Michelle Willis, DVM, Diplomate, American College  
of Veterinary Ophthalmology, Department Head

**SURGERY**

Mary Ann Nieves, DVM, Diplomate, American College  
Veterinary Surgeons  
Steve Fish, DVM

Client Name: .....

Client Address: .....

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Phone: (H) ..... (W) ..... (C) .....

Client Email: .....

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Pet Name: .....

Species: ..... Breed: .....

Age: ..... Sex: .....

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Allergies:

Vaccination & HW History:

Working Diagnosis/Problem:

Significant History:

Current Treatment (including drugs, dosages, & last treatment):

Requested Treatment or Special Instructions:

A deposit based on 75% of our estimate will be required for all patients admitted to the hospital for treatment. Estimates will be updated daily if the patient's condition changes significantly.