



NACHBAR VETERINARY HOSPITAL
GENERAL MEDICINE & SURGERY

459 E. MAIN STREET • SPRINGVILLE, NY 14141
(716) 592-7387 (PETS)
WWW.SGNDVM.COM

Referral Form

Thank you for giving us the opportunity to care for your pet(s).

So that we may become better acquainted, please complete the following:

Date: _____

Section A: Client Information:

Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ ☐ Able to receive text messages

Alternate Phone: _____ ☐ Able to receive text messages

Email: _____

Section B: Patient Information:

Name: _____ Species: _____

Breed: _____ Color/markings: _____

DOB/Age: _____ Sex: _____ ☐ Spayed/Neutered

Any special considerations: ☐ used for show ☐ breeding ☐ working

☐ Other: _____

Date of last Rabies: _____

Reason for referral: _____

Current Medications: _____

Section C: Referring Clinic Contact Information:

Referring Veterinarian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

**Please request that rabies vaccination information, exam notes pertaining to the reason for referral, and all x-rays and bloodwork from the last six months be included in records.*

How will patient's information be sent? ☐ Email ☐ Fax

Sign Below to Acknowledge:

All charges must be paid in full at the time of service. A deposit may be required for any surgical treatments. We no longer can accept checks for orthopedic surgeries.

Any charges that remain unpaid for more than 30 days will incur a collections fee of 33% of the outstanding balance for services rendered. You will be responsible for any legal fees incurred in the collection process, if applicable.

If an appointment is not canceled at least 24 hours in advance, a fee equivalent to the cost of the exam (\$67.95) will be applied. We accept: Cash, Visa, MasterCard, Discover, AmericanExpress, and CareCredit.

X _____

Please email the completed form to sgndvm459@gmail.com or complete online before your appointment can be made