

# New Patient Referral Form

Woodlands Veterinary Referral  
1020 Woodlands Rd. Watkinsville, GA 30677  
Tel: (706) 310-1231 Fax: (706) 310-1323



Referring Veterinarian \* \_\_\_\_\_  
First Last

Practice Name\* \_\_\_\_\_

Practice Phone \* \_\_\_\_\_ Practice Fax\* \_\_\_\_\_  
###-###-#### ###-###-####

Owner's Name \* \_\_\_\_\_ Spouse/Partner \_\_\_\_\_  
First Last

Owner's Phone Number \* \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_  
###-###-#### ###-###-####

Patient's Name \* \_\_\_\_\_ Species \* \_\_\_\_\_ Breed \* \_\_\_\_\_

DOB/Age \* \_\_\_\_\_ Sex \* ☐ Male ☐ Female ☐ Male/Neutered ☐ Female/Spayed

Is there any pertinent lab work or radiographs? \* ☐ Lab work ☐ Radiographs ☐ None

If there are radiographs, are they digital or hard copies? \_\_\_\_\_

*If radiographs are digital, please email them to woodlandsvet@yahoo.com. If radiographs are hard copies please send them with the owner.*

Doctor Preference \* ☐ Dr. Barker ☐ Dr. Mix ☐ Either

Referral Case Summary: \*

*Please include a brief summary of the presenting complaint, a clinical history, treatments and medications tried, and any questions you would like answered. Please fax any pertinent lab work and medical notes to (706) 310-1323.*

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