



Phone: (716) 695-7836
Hospital and Wellness Center
570 East Robinson Street
North Tonawanda NY, 14120

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Surgery and Rehabilitation Center
66 Mead Street
North Tonawanda NY, 14120

Veterinary Referral Form for Endoscopy

Referring Veterinarian/Clinic: _____ Date: _____

Clinic Address: _____

Phone: (___) _____ Fax: (___) _____ Email: _____

Preferred method of correspondence Phone Email Fax Mail

Patient Information

Owner's Name: _____ Phone: (_____) _____

Owner's Address: _____

Patient's Name: _____ Age: _____ Species: _____ Weight: _____

Breed: _____ Sex: Male Female Intact Spayed/Neutered

Current on Vaccinations Yes No

Diagnosis/Reason for Referral: _____

Type of Surgery and Date (if applicable): _____

List of Medications: _____

Preexisting Conditions: _____

A treatment plan will be individualized based on each patient's needs. Endoscopy may be warranted immediately, or further analysis may be necessary prior to the procedure. It may include all or some of the following: Blood analysis, fecal analysis, treatment trials (dietary, deworming, supplementation, etc). Please list any dietary trials performed with this pet and level of compliance. _____

* Please send or fax a copy of vaccine records, recent lab work, radiographs, and pertinent patient history.
* If you have any questions, please contact Rebecca Gerevics DVM, at (716) 695-7836 or pinewoodsanimal@gmail.com

* We would like to maintain a professional relationship with our veterinary partners. Please know this pet will be referred back to you for continued routine veterinary care.

* If the reason for referral is urgent such as gastric foreign body retrieval, please contact our office immediately and we will make every effort to accommodate this patient.