




Veterinary Office/ Veterinarian Card Here

Referral Form


SERVICE(S) REQUESTED:

Please select below which specialist you would like your patient to see.



Cardiology Department

 Keith Blass, DVM, DACVIM


Oncology Department

 David Hunley, DVM, DACVIM
(Oncology)

Surgery Department

 Donniel Astor, VMD, DACVS-SA
 Matthew Raske, DVM, DACVS-SA

Rehabilitation Department

 Victoria L. Kearns, LVT, CCRP,
NCM, OACM



As a specialty center, we must comply with certain obligations that are inherent with the services we are providing. If you have a referring veterinarian, we will not under any circumstances, nor will any of our affiliates (West Hills Animal Hospital, West Hills East Veterinary Clinic, or Locust Valley Veterinary Clinic) provide any elective services or routine care.

Please complete the form in its entirety. Please either fax to 631-498-6456 or email to csr@goldcoastcvc.com.

Date: _____ RDVM: _____

DVM Phone: _____ DVM Fax: _____

DVM Email: _____

Client Information:

Name: _____

Address: _____

Home Number: _____ Cell Number: _____

Email Address: _____

Patient Information:

Pet's Name: _____ Species/Breed: _____

Pet's Age: _____ Sex: _____ Weight: _____

Presenting Problem: _____

Pertinent History/Current Treatments/Current Medications:

Please attach any medical history, laboratory and or diagnostic data and any current medication lists. If there are any radiographs please send them to csr@goldcoastcvc.com.