

Referral Form

Please fax this completed form to 603.433.0029

SPECIALITY SERVICES

CARDIOLOGY

John MacGregor, DVM
Diplomate ACVIM

INTERNAL MEDICINE

Tonya E. Boyle, DVM
Diplomate ACVIM

OPHTHALMOLOGY

Nick Cassotis, DVM
Diplomate ACVO

RADIOLOGY

Mason Holland, VMD
Diplomate ACVR

SURGERY

Rob Hillman II, DVM, MS
Diplomate ACVS

EMERGENCY & CRITICAL CARE

Crystal Connor, DVM

Bronwen J. Thomas, DVM
Assistant Medical Director

Jay Volinski, DVM

Trevor Williams, DVM

ANCILLIARY SERVICES

BEHAVIOR

Kathryn M. Wrubel, PhD

PHYSICAL THERAPY & REHABILITATION

Charlie Evans, MPT, CCRP

MASSAGE

Ren Evans, LMT

Timothy H. Smith, DVM
Diplomate ABVP
Regional Medical Director

Service Referred to: _____ Date: _____

CLIENT INFORMATION: (please fill out on behalf of the client)

Client: _____ Patient: _____

DOB: _____ Gender: _____ Species: _____ Breed: _____

Note: Please forward all pertinent medical record information including results of laboratory tests by fax or mail. Radiographs may be mailed or sent electronically if appropriate. This allows our staff to review details of the case prior to the appointment and provide optimal patient care and client service. Additional copies of the record and/or radiographs may be sent with the client on the day of the appointment.

History: (signs, onset, progression) _____

Vaccination History: _____

Current Diet: _____ Weight: _____ Body Condition: _____ / 9
(if prescribed)

Physical Exam Findings: _____

Diagnostics: (please attach test results)* _____

*Radiographs will be returned by mail unless otherwise specified by you. Please label your radiographs with your hospital name and address as well as the patient name and information.

Current Medications: (include dosage, duration, response) _____

Other Treatments/Prior Medications: _____

Case Summary/Comments: _____

REFERRING VETERINARIAN INFORMATION:

Referring Veterinarian: _____

Hospital: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Advancing the Standards of Veterinary Care

Directions

We are located on Commerce Way behind the K-Mart on Woodbury Ave.

If Traveling North on I-95:

Take Exit # 7 just before crossing Piscataqua River Bridge into Maine.
At the bottom of the off ramp, turn left onto Market St.
Drive a half mile (away from Downtown Portsmouth)
Turn Right onto Portsmouth Blvd.
Turn Left onto Commerce Way.
Port City Veterinary Referral Hospital will be on your right.

If Traveling South on I-95:

Take Exit #7 immediately after crossing over Piscataqua River Bridge into NH.
Make a right at the bottom of the off ramp.
Drive a half mile (away from Downtown Portsmouth)
Turn right onto Portsmouth Blvd.
Turn left onto Commerce Way.
Port City Veterinary Referral Hospital will be on your right.

If Traveling South on Rt 16:

Take Exit #1 towards "Pease/ Gosling Road".
Take a left off onto Gosling Road/Malls.
Drive a half mile.
Turn Right onto Woodbury.
Drive 0.4 miles to Commerce Way.
Turn left onto Commerce Way at the Hesser College sign.
(There is a Wendy's at this intersection.)
Stay on Commerce Way, which curves to the right.
Port City Veterinary Referral Hospital will be on your left.

215 Commerce Way
Suite 100
Portsmouth, NH 03801
TEL 603.433.0056
FAX 603.433.0029
www.IVGHospitals.com

HOSPITAL HOURS:

Emergency Services available
24 hours per day,
365 days per year.

