

Anesthesia
Carolyn M. McKune, DVM, DACAA
Board Certified Specialist, Anesthesia
Sharon Tenenbaum, DVM
Practice Limited to Surgery

Emergency
Mace Barton, DVM
Emergency Clinician
Kristen Tebault, DVM
Emergency Clinician



Surgery
Jay B. Erne, DVM, DACVS
Board Certified Specialist, Surgery

G. Brad Mackenzie, DVM, DACVS
Board Certified Specialist, Surgery

REFERRAL INFORMATION SHEET

Date: _____

Thank you for your confidence in this referral. We sincerely appreciate your support. Please send all recent radiographs, pertinent laboratory information, and history with your client or to us directly.

Fax: 904-6465-5585 or Email: JacksonvilleCenter@AVSpethospitals.com

REFERRAL INFORMATION:

Referring Veterinarian: _____

Name of Hospital/Clinic: _____

Phone Number: () _____ Fax Number: () _____

OWNER INFORMATION:

Owner: _____

Home Address: _____

Home Phone: () _____ Cell: () _____

Appointment Date: _____ Time: _____ am / pm

PATIENT INFORMATION:

Pet's name: _____ Breed: _____

Sex: _____ Spayed/Neutered: Yes _____ No _____ Color: _____

Date of Birth / Age: _____

Pertinent history: _____

Tentative Diagnosis: _____

Current Medications/ Treatments: _____
