



Scott G Nachbar, Veterinarian

459 East Main St
Springville, NY 14141

Phone: (716) 592-7387
Fax: (716) 592-9039
Email: sgndvm459@gmail.com

Referral Form

Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:

Date: _____

Section A: Client Information:

Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Able to receive text messages

Alternate Phone: _____ Able to receive text messages

Email: _____

Section B: Patient Information:

Name: _____ Species: _____

Breed: _____ Color/markings: _____

DOB/Age: _____ Sex: _____ Spayed/Neutered

Any special considerations: used for show breeding working

Other: _____

Date of last Rabies: _____

Reason for referral: _____

Current Medications: _____

Section C: Referring Clinic Contact Information:

Referring Veterinarian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

**Please request that rabies vaccination information, exam notes pertaining to the reason for referral, and all x-rays and bloodwork from the last six months be included in records.*

How will patient's information be sent? Email Fax

All charges must be paid in full at the time of service. A deposit may be required for any surgical treatments. We accept cash, check, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, Scratch Pay, and Care Credit.

Please email the completed form to sgndvm459@gmail.com so we can schedule your appointment