



Referral Form

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

Referring Veterinarian

RDVM _____ DVM Phone _____
DVM Fax _____ DVM Email _____

Client Information

Name _____ Phone _____
Address _____ Email _____

Patient Information

Pet's Name _____ Sex _____ Age _____
Breed _____ Weight _____

Presenting Problem

Pertinent History/Current Treatments/Medications

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

Specialty Services (Circle Specialty)

- Behavior - Megan Petroff, DVM (Practice Limited to Behavior)
- Cardiology - Keith Blass DVM, DACVIM
- Integrative Medicine - Lisa J. Donato DVM, CVA, FAAVA, CVT, CVH, CAC
- Internal Medicine - Jacqueline Gest-Poulos DVM, DACVIM
- Oncology - Caroline Hohlman DVM, MS (Practice Limited to Oncology)
- Rehabilitation - Victoria L. Kearns LVT, CCRP, NCM, OACM
- Reproduction - Carol Margolis, DVM, DACT
- Surgery - Ariel Kravitz DVM, DACVS-SA, CVA
- Chief Medical Advisor - David Hunley, DVM, DACVIM (Oncology)