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info@cvo.vet

Fax Cover Sheet

DVM: _____
Hospital: _____
Phone: _____
Fax: _____
Email: _____

Patient: _____
Species/Breed: _____
Age: _____
Sex: _____
Client Name: _____
Phone: _____
Address: _____

CVO will contact Owner for appointment set up:

Owner will be contacting us for appointment set up:

Reason for Consult/Referral: _____

***Please fax last six months of history. Be sure to include **Biopsy/Cytology report, Doctor's Notes, current medications, and all imaging.** Images can be emailed to info@cvo.vet

Case Summary: _____

