

**The University of Georgia
College of Veterinary Medicine
Referring Veterinarian Oncology Consultation Form**

Date: _____ **Veterinarian's Name:** _____

Day Phone #: _____ **After 6 PM #:** _____

Times Available: _____ **FAX #:** _____

Patient's Name: _____ **Owner's Name:** _____

Age: _____ **Gender:** _____ **Breed:** _____

Diagnosis: _____

Location of Tumor (If Applicable): _____

Histopathology Report FAXed: Yes No (please attach if FAXed)

Protocol FAXed: _____ **Consultant:** _____

Fax completed form with histopathology and/or cytology to 706.542.2858
or call 800.861.7456