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 706-542-4701
or call 800-861-7456