**Referral Form**

Please contact our hospital if you have any questions regarding the referral process.

Referring Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Form of Contact: ❑ Phone ❑ Email ❑ Fax

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species:\_\_\_\_\_\_ Breed:\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_ Sex:\_\_\_\_\_

Requested Service:

❑ Orthopedic Surgery ❑ Internal Medicine ❑ Neurology

❑Soft Tissue Surgery ❑ Advanced Imaging ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑Ultrasound

❑Endoscopy

❑Rhinoscopy

Reason For Referral:

Past Relevant History:

Previous/Concurrent Treatments and Medications:

Vaccine Status:

\*Please fax or email a case summary, pertinent medical records, imaging studies, and lab results at the time of referral to allow for review prior to the patient’s arrival/appointment.

Expectations For This Case:

❑ Consult only. Patient should return to my office for diagnostic testing and treatment.

❑ Please manage the diagnostic testing and treatment at VCA Ragland & Riley Animal Hospital.

***Thank you for your referral to VCA Ragland & Riley Animal Hospital.***