

VALLEY CENTRAL VETERINARY REFERRAL AND EMERGENCY CENTER

REFERRING VETERINARIAN REPORT

Service(s) Requested

- Cardiology Internal Medicine Nuclear Medicine Oncology Emergency
 Ophthalmology Behavior Surgery Acupuncture

Referred To: _____

Preferred method of contact regarding this case:

- Phone Fax Email Postal Mail

Referring Veterinarian

Name _____ Hospital _____
Address _____ City _____
Phone _____ Fax _____ Email _____

Client & Pet Information

Name _____ Breed _____
Pet Name _____ Sex _____
Species _____ Age _____

Reason for Referral

History (attach copy of records)

Diagnostic test performed

Treatment & Medications

Additional Comments

- Enclosures (if any) Lab Reports Radiographs Other

Please include radiographs, copies of laboratory test and a summary of the medical record. Radiographs will be returned promptly. Referral information may be mailed, sent with the client or sent via fax. If using mail please allow enough time for the information to arrive so it is available at the time of the consultation.

Please have the client call to make an appointment.

