

VCA Advanced Veterinary Care Center

Specialty & Emergency

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Abdominal Ultrasound Referral Form

Date: _____

Primary Doctor: _____

Hospital Name: _____

Hospital Email: _____ Fax: _____ Phone: _____

Owner's Name: _____ Phone: _____

Address: _____

Pet's Name: _____ Species: ☐ Canine ☐ Feline ☐ Other: _____

Breed: _____ Age: _____

Weight: _____ Disposition: _____

Presenting Problem: _____

History: _____

Organs of Concern: _____

Treatment/Medication: _____

Diagnostic Tests Performed: _____

Owner's Signature _____

Doctor's Signature _____

This referral form is for Abdominal Ultrasound procedures only. The only thing included in this price is the Abdominal Ultrasound and the doctor interpretation which will be emailed directly to the primary veterinarian. This is a unique service that is only offered through your veterinarian as a courtesy to help manage the pet's care. A written report will be emailed to the primary veterinarian after the ultrasound. Imagery cannot be faxed.

Please email this completed form to avccla@vca.com.



Administrative services provided by VCA Animal Hospitals.

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