

VCA Animal Specialty Group 4641 Colorado Blvd., Los Angeles, CA 90039 Phone: (818) 244-7977 | Fax: (818) 507-9418

Referring Veterinarian Information				
Doctor:			Phone Number:	
Hospital:			Fax Number:	
Preferred Contact:	Phone  Fax Er	mail 🗆	Email Address:	
Owner & Patient Information				
Owner:		Phone Nu	mber:	
Preferred	Phone □ Email □		il Address:	
Contact:				
Pet's Name:		Breed:		
Sex:	Male ☐ Female ☐	Age:		
Current	Yes □ No □	Previous		No □
Vaccinations?		Hospitaliz	ation?	
Patient Condition				
Healthy	Stable	Critical	□ Morib	ound $\square$
Ticality $\Box$	Stable $\Box$	Citical		Juliu 🗆
Patient Information				
Problem List:				
Diagnosis (Differential				
Diagnosis):				
History:				
Treatments				
rreatments				
Case Instructions Call Instructions				
☐ Please assess & treat case; transfer back in AM ☐ If Emergency, call owner and				
rDVM				
☐ Please assess & treat case; Transfer to a VCA ☐ If Emergency, call <b>ONLY</b> rDVM				
ASG specialist in AM				

## PLEASE REMEMBER PAYMENT IS DUE IN FULL AT TIME OF DISCHARGE THE FOLLOWING MORNING

Please include radiographs, copies of laboratory tests 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 the mail, please allow enough time for the information to arrive so it is available at the time of the consultation. Phone consits are welcome and encouraged.

Please have the client call to make an appointment.