

VCA Animal Specialty Group Out-patient Ultrasound Referral Form

Referring Hospital: _____ Referring Veterinarian: _____
Phone: _____ Fax: _____ Email: _____
Preferred method of contact: _____

Client Information:

Owner's Name: _____ Owner's Email: _____
Address: _____
Cell Number: _____ Work: _____ Home: _____

Patient Information:

Patient Name: _____ Species: _____ Breed: _____
Color: _____ Weight: _____ Temperament: _____
Age: _____ Check one: Male-neutered Male-intact Female-spayed Female-intact

History: Please provide as much detail as possible. The scan will NOT be performed if not completed..

Please choose the following Ultrasound Study:

Abdominal: \$909.10
Neck/Thyroid/Parathyroid: \$745.60
Ophthalmic: \$374.40

Note: All studies listed above include a discounted ER exam (\$130.10)/radiology consultation fee in the price.

Additional Costs if required:

Sedation: \$91.05
FNA: \$242.50

Note: FNA samples are provided to clients for submission by the referring veterinarian.

Out-Patient Ultrasound: Imaging for a stable patient not in need of emergent medical attention and for whom follow-up care will be performed through the RDVM. (if patient does not meet this criteria, please call our ER to send patient for a medical transfer and disregard this form.)

Additional Information: Clients should expect their pet to be at our hospital for approximately 4-8 hours for the ultrasound procedure, with additional time required if sedation is necessary. All pets must arrive fasted. Please inform the client that the area to be scanned will be shaved. Referring veterinarians will receive a radiologist's report via email to review the ultrasound results and recommendations with their client. In the event of an urgent finding, ASG will contact the referring veterinarian directly. It is the responsibility of the referring veterinarian to communicate the findings to the pet owner.

We appreciate your referrals

VCA Animal Specialty Group

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Ultrasounds will not be performed without referral form and a recent history

ASG use:

Dr. Wilson reviewed: _____ Appt made: _____ Notes: _____

Updated 1.2026

