

## OUR PROMISE TO YOU

We are committed to providing innovative, compassionate, and advanced care to our community of patients, clients, and you, our veterinary partners. We strive to build a strong relationship with you to provide hope and wellness for pets and their families through any health challenge.

You can count on us to provide “*Special Care From the Heart*”.

## REFERRAL PROTOCOL & FORMS

Please review the specialty referral and patient transfer protocols below.

An electronic copy of the referral protocol and referral form can be found on our website, [vcacvs-murrieta.com](http://vcacvs-murrieta.com), under the ‘For Veterinarians’ tab or sent to you upon request. Email us with any questions on the referral process.



### SPECIALTY REFERRAL

If your patient is in stable condition and needs to see a specialist.

#### Steps to Refer a Specialty Consult

1. Please fill out our Referral Form and send to us with the patient records as soon as possible.
2. Inform the client which specialty department they need to see:  

<b>Cardiology</b>	<b>Internal Medicine</b>	<b>Oncology</b>
<b>Wednesday Only</b>	<b>Mon - Fri</b>	<b>Mon, Tues, Thurs, Fri</b>
3. Direct your client to call our location and schedule the Specialty Consult. Even if we receive a copy of your referral form and patient records, we still wait for the client to call us to book the appointment.
4. Email us at [vcacvs-murrieta@vca.com](mailto:vcacvs-murrieta@vca.com) the **previous 6-12 months** of all patient records, images, and labwork. Oncology and Internal Medicine Departments will not schedule an appointment without first having all the patient records and Referral Form, so please email these as soon as possible with the patient name in the subject line.

Note: If your hospital requires doctor approval before releasing patient records to us, please notate the patient’s account preemptively so there is no delay when we call to request patient records.

#### Outpatient Ultrasounds

We are not offering outpatient ultrasounds at this time. Patients can come for an emergency visit or specialty consult to assess imaging needs.

## VCA CALIFORNIA VETERINARY SPECIALISTS - MURRIETA

Phone 951-600-9803 | Fax 951-600-7758

Hospital Email | [vcacvs-murrieta@vca.com](mailto:vcacvs-murrieta@vca.com)

Kristin Yamaka | Referral Coordinator, [Kristin.Yamaka@vca.com](mailto:Kristin.Yamaka@vca.com)

Cassee Wdowiak | Area Manager, [Cassee.Wdowiak@vca.com](mailto:Cassee.Wdowiak@vca.com)

Dr. Sarah Hoggan | Medical Director, [Sarah.Hoggan@vca.com](mailto:Sarah.Hoggan@vca.com)



### 24/7 EMERGENCY/CRITICAL CARE TRANSFER

Direct transfers are patients currently being treated at your hospital and need continued hospitalization.

This does not include emergencies being sent to us due to capacity issues.

#### Steps to Same-Day Direct Transfer Only

1. Before the patient leaves your hospital, the primary care veterinarian will need to call us at **951-600-9803** and speak directly with an ER doctor to discuss the details of the transfer, set realistic expectations, and answer any questions our ER doctor may have.  
  
Note: If you are sending a client to see a specialist and the patient is stable, please refer to the left side of the page and follow steps for a Specialty Consult. The Specialty Consult should be booked in advance and not sent as a Same-Day Transfer.
2. Immediately send all medical records, including radiographs, historical bloodwork for comparison, written notes, and all medications so we can review them before the patient arrives. Although we do understand there may not have been time for diagnostic testing, please send as much information as possible.
3. If the patient requires a specialist or advanced diagnostics, we cannot guarantee they will see a specialist that day, but our ER doctors will continue monitoring and providing treatment until a specialist is available.



# PATIENT REFERRAL FORM

**Please complete and provide a copy to the client.**  
**Please instruct client to bring completed form to VCA California Veterinary Specialists in Murrieta.**

Referring Veterinarian: \_\_\_\_\_ Hospital Name: \_\_\_\_\_

Service:    Emergency/Critical Care    Internal Medicine    Surgery    Oncology

Client first name: \_\_\_\_\_ Client last name: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Pet's date of birth: \_\_\_\_\_

Species:    Dog    Cat    Other: \_\_\_\_\_

Breed: \_\_\_\_\_

## Medical Information

Patient history:

What are your goals for the referral?

Diagnostic tests/medications and dosages administered:

Any special patient care or handling considerations?

**Additional Information Sent Over:**    Lab Results    Radiographs    Medical Records

Email: [VCACVS-MURRIETA@VCA.COM](mailto:VCACVS-MURRIETA@VCA.COM)    Date Records Sent:    Fax    Email    With client

Fax: 951-600-7758

**Murrieta**  
**951-600-9803 | FAX 951-600-7758**  
 39809 Avenida Acacias, Suite E, Murrieta, CA 92563