

**VCA Sacramento Veterinary Referral Center**  
9801 Old Winery Place  
Sacramento, CA 95827  
**Tel:** (916) 362-3111  
**Fax:** (916) 362-0190  
www.vcasvrc.com



### Radioactive Iodine Treatment Referral Form

Date: \_\_\_\_\_

#### Referring Veterinarian Information

Veterinarian: \_\_\_\_\_ Clinic Name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

#### Owner Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

#### Patient Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_  
Temperament:  
\_\_\_\_ Compliant and Cooperative \_\_\_\_ Challenge to restrain without sedation  
\_\_\_\_ Sedation required for procedures \_\_\_\_ Anesthesia required for procedures  
Vaccination Status-please list the date of the most current vaccination  
FVRCP \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_  
FeLV \_\_\_\_\_

Initial diagnosis date: \_\_\_\_\_ Diagnostic T4: \_\_\_\_\_

Patient History:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Labwork/diagnostics performed to date:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medications and dosages:  
\_\_\_\_\_  
\_\_\_\_\_

Have the owners been instructed to withhold methimazole 5 days prior to I<sub>131</sub> treatment? Yes /No  
Is the patient clinically stable? Yes /No

**Please fax this form with current CBC/Chemistry Panel/T4/Urinalysis results.**