



VCA Colonial Animal Hospital
Oncology Referral Form

Date: _____ FAX: _____ Email: _____

Referring Hospital: _____

Referring Veterinarian: _____

Client: _____ Patient: _____

Species _____ Breed _____ Sex _____ Age/DOB _____ Color _____

Dear Doctor, Client Phone # _____

Your client has requested an Oncology Consultation with Dr. Rassnick at **VCA Colonial Animal Hospital**. Please complete this form and return the form and patient documents to Dr. Rassnick at VCA Colonial Animal Hospital as soon as possible so we can set up an oncology consult for your client/patient.

Fax: 607-257-7009 Phone: 607-257-3650 Text: 607-289-2077 Email: vcacolonial@vca.com

* Please check off the information you are sending *

INFORMATION	YES	NO	N/A
Referral Letter pertaining to the last visit to your clinic. Please include a summary of past medical and surgical problems and information about any allergies or adverse medication reactions the patient has had in the past. (Note: Dr. Rassnick does not need the entire medical record)			
Has this pet been evaluated for this problem at another veterinary hospital? If Yes, where? _____			
Bloodwork test results/reports			
Urine test results/reports			
Radiology Report (Note: do not email jpeg images or other image files)			
Ultrasound Report			
CT Report			
MRI Report			
Cytology Report			
Histopathology Report			

Thank You!

