

PATIENT REFERRAL FORM

VCA FLANNERY ANIMAL HOSPITAL
789 Little Britain Road
New Windsor, NY 12553
Phone (845) 565-7387
Fax (845) 565-7325
vcaflannery@vca.com

Referring Veterinarian/Clinic Information

Referring DVM and Clinic Name _____

Address/City/State/Zip _____

Telephone _____

Fax _____

Email _____

Preferred contact # after hours _____

Patient Information

Patient Name _____

Species _____

DOB _____

Breed _____

Male Female Altered? Yes No

Color _____

Pet Owner's Name and Contact Information

Client Name _____

Address/City/State/Zip _____

Telephone _____

Email _____

PATIENT CASE HISTORY

Presenting complaint/chief medical concern:

Reason for referral

Pertinent medical history (including vaccination history)

Current diagnostics/treatments/medications (including dosages)

VETERINARIANS: When referring your patient to VCA Flannery Animal Hospital, please complete this form prior to referral. Pertinent medical records may also be faxed along with the referral form or scanned and emailed to us or you may have the pet owner bring the records along with them to their pet's appointment. If you require assistance, have questions or wish to discuss your patient's case prior to referral, please call 845-565-7387 and make reception aware you are transferring a case and would like to speak with one of our doctors. Thank you for your referral.