Metzger Animal Hospital

Patient Referral Form

Referring Hospital	
Referring Doctor	

Client Information

Client Full Name	
Street Address	
City, State, Zip	
Primary Phone	
Secondary Phone	
Email	

Patient Information

Patient Name	
Species	
Breed/Color	
Age	
Sex	
Rabies Vaccine Status	
Rabies Vaccine Expiration	

Referral Service Requested

(Please Circle)

Cardiology	Emergency & Critical Care	Rehabilitation
Chiropractic	Internal Medicine	Surgery
CT Scan	Orthopedic	Other _____

Chief Complaint: _____

Brief History: _____

Current Treatments: _____

Medical Records: ☐ Faxed ☐ Emailed ☐ Sent with client

Lab Work: ☐ Faxed ☐ Emailed ☐ Sent with client

Imaging: ☐ Faxed ☐ Emailed ☐ Sent with client

Please fax completed forms to 814-237-1712
or email to 1301-metzgerreceptionist@vca.com.