



VCA Advanced Veterinary Care Center

7712 Crosspoint Commons

Fishers, IN 46038

317-578-4100 / 317-578-4900 (fax)

Website: www.indyvetspecialists.com / Email: indyavcc@vca.com

Date: _____

Client's Name: _____ Email: _____

Address: _____

Phone: (home) _____ (cell) _____ (work) _____

Pet's name: _____ Species: feline canine Breed: _____

Color: _____ Age: _____ Sex: Female- unaltered Female-spayed Male-unaltered Male-neutered

Past & Current Medical History and Diagnostic Findings: _____

Please attach any pertinent lab results and x-rays: email USPS Client (will be returned via client)

Referral Information:

Surgery/Orthopedic: _____
Timothy James, DVM, DACVS-SA
Nicolas Vecchio, DVM, DACVS-SA, CCRP
Jarvon Tobias, DVM, Surgery Resident

Emergency Services: _____
Anne Browne, DVM
Amy Compton, DVM, Hospitalist
Andrea Compton, DVMt
Laura Crow, DVM
Victoria Lewis, DVM
Jessy Leto, DVM, Hospitalist
Michelle Reckard, DVM, MPH
Trinity Smith, DVM
Zoltan Szilagyi, DVM
Katherine Wentworth, DVM

Physical Rehab: _____
Emily Talaga, DVM, CCRP

Neurology/Neurosurgery: _____
Johnny Cross, DVM, DACVIM,
Medical Director
Andrea Sangster, DVM, MS, DACVIM

Ophthalmology: _____
Carl Budelsky, DVM, DACVO

Nutrition: _____
Beth Hamper, DVM, PhD, DACVN

Oncology: _____
Emily Manor, DVM, DACVIM
Elizabeth McNeil, DVM, PhD,
DACVIM, DACVR
Kerri Rechner, DVM, DACVR

Internal Medicine: _____
Rikki Fitzpatrick, DVM, MS, DACVIM
Timothy Hui, DVM, MS, DACVIM

Radiology: _____
Kelsey Cline, DVM, MS, DACVR

Outpatient Reading: ___ X-ray ___ CT

Reason for Referral: _____

Referring Veterinarian: _____ Clinic: _____

Address: _____

Email: _____ Phone: _____ Fax: _____

It is a pleasure working with you and your client. We will be in touch with you concerning our recommendation and/or treatment. Please feel free to contact us with any questions/concerns regarding your referral. Thank you, AVCC Staff

Do you need more referral forms: Y N

Do you need more referral brochures: Y N