



VCA Advanced Veterinary Care Center

7712 Crosspoint Commons

Fishers, IN 46038

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

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Dr. Kelsey Cline, DVM, MS, DACVR

Debra Baird, DVM, DACVR

Outpatient Ultrasound Referral

Date: _____

Client's Name: _____

Address: _____

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

Pet's name: _____ Species: Feline Canine Breed: _____

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

Reason for Referral (Please include pertinent clinical signs, laboratory data and treatment):

Notes

- **Please do not send the entire medical record**
- **Fast patients 12 hours prior to ultrasound.**
- **If sedation and aspirates are needed, then please schedule an appointment through Internal Medicine or Emergency**
- **If available, please provide recent radiographs of the patient**
- **Clients should be informed the radiologist will consult with referring veterinarian, not them directly.**

Referring Veterinarian: _____ Clinic: _____

Address: _____

Email: _____ Phone: _____ Fax: _____