

VCA Advanced Veterinary Care Center

7712 Crosspoint Commons, Fishers, IN 46038

P 317-578-4100

F 317-578-4900

E indyavcc@vca.com

vcaavcc.com

Referral Form

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, CCRT
Nicolas Vecchio, DVM, DACVS-SA, CCRT
Jarvon Tobias, DVM, Practice Limited to Surgery
Zoltan Szilagyi, DVM, Surgery Resident

Neurology/Neurosurgery: _____

Johnny Cross, DVM, DACVIM,
Medical Director
Andrea Sangster, DVM, MS, DACVIM
Ashley Potts, DVM, DACVIM

Internal Medicine: _____

Timothy Hui, DVM, MS, DACVIM

Emergency Services: _____

Linette Aponte, DVM
Andrea Compton, DVM
Anne Browne, DVM
Laura Crow, DVM
Jessica Leto, DVM
Lauren Kramer, DVM
Victoria Lewis, DVM
Michelle Reckard, DVM, MPH
Gina Santiago, DVM
Trinity Smith, DVM
Katherine Wentworth, DVM

Radiology: _____

Outpatient Reading: _____ X-ray

Kelsey Cline, DVM, MS, DACVR
Katie Lehman, DVM, DACVR

Physical Rehab: _____

Emily Talaga, DVM, CCRP

Ophthalmology: _____

Carl Budelsky, DVM, DACVO

Oncology: _____

Emily Manor, DVM, DACVIM
Kerri Rechner, DVM, DACVR (RO)

Nutrition: _____

Beth Hamper, DVM, PhD, DACVN

(Charged to primary vet and charged per site. Email questions or images to avccradiology@vca.com)

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: ☐ Yes ☐ No Do you need more referral brochures: ☐ Yes ☐ No

