

# VCA Advanced Veterinary Care Center

7712 Crosspoint Commons, Fishers, IN 46038

P 317-578-4100 F 317-578-4900 E [indyavcc@vca.com](mailto:indyavcc@vca.com) [vcaavcc.com](http://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 all medical records including 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

#### 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](mailto: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

