



REFERRAL INFORMATION FORM

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*Diplomate, American College of
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Dennis Socha, DVM,
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Cecilia Murch, DVM, MPH
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Annie Johnson, DVM, CVA
Colleen Alvarez, VMD
Laura Pollock, DVM
Katie Leister, DVM

Kenneth M. Rassnick, DVM,
*Diplomate, American College of
Veterinary Internal Medicine (Oncology)*
Catherine Cortright, DVM
*Diplomate, American College of
Veterinary Internal Medicine*

Referring Veterinarian: Dr. _____

Hospital Name and Address: _____
_____ Telephone: _____

Owner's Name: _____ Patient Name: _____

Species: Canine Feline Breed: _____ Sex & Age: _____

Vaccinations (dates given): DHLPP: _____ Bordetella: _____ Rabies: _____

FELV: _____ FVRCP: _____

Patient History: _____

Diagnostic Tests Performed & Test Results: _____

Do you have VETCONNECT? Yes or No

PLEASE CIRCLE ONE: **DIAGNOSTICS ONLY** **MEET WITH DVM & DIAGNOSTICS**

Treatments: _____

Tentative Diagnosis & Advice to Client: _____

For Acupuncture or Laser Referral – Please use Acupuncture/Laser Form