

# ULTRASOUND REFERRAL FORM



DOCTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Client Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Patient Name: \_\_\_\_\_ Weight: \_\_\_\_\_

Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have VETCONNECT? Yes or No

Services requested Outpatient \_\_\_\_\_ Inpatient \_\_\_\_\_

Ultrasound-out patient-Case Referral  
Abdomen \_\_\_\_\_ Specific Organ: \_\_\_\_\_

Other: \_\_\_\_\_

*We are unable to provide Cardiac or Thoracic Ultrasound services at this time.*

VCA Colonial Animal Hospital  
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## Surgery

J. Thomas Ross, DVM  
Diplomate, American College  
Of Veterinary Surgeons

Dennis Socha, DVM  
Practice Limited to Surgery

## Oncology

Ken Rassnick, DVM,  
Diplomate, American College  
Of Veterinary Internal Medicine  
(Oncology)

## Internal Medicine

Catherine Cortright, DVM  
Diplomate, American College  
Of Veterinary Internal Medicine

## Acupuncture

Annie Johnson, DVM, CVA

## General Practice

Cecilia Murch, DVM, MPH  
Beth Licitra, DVM, PhD  
Colleen Alvarez, VMD  
Laura Pollock, DVM  
Katie Leister, DVM

