



VCA Animal Referral & Emergency Center of Arizona Referral Form

Appointment Date: _____ Time: _____

Referred by: _____ Referred to: _____

Referring Hospital: _____

Address: _____

Phone: _____ Backline: _____

Fax: _____ E-mail: _____

Please contact our office at (480) 898-0001 prior to transferring your patient. Thank you for your referral.

I would like:

Complete Case Transfer _____

Specific Diagnostics _____

Specific Treatment _____

Transfer case back to hospital:

☐ Once resolution begins and treatment is established.

☐ When completely resolved to end point.

☐ To be determined based on daily evaluation.

Please send the following with your client:

☐ All X-rays

☐ Ultrasound Pictures

In addition to this form, please FAX the following:

☐ All Labwork

☐ Treatments, including last times administered.

☐ Complete Medical Record

Name of Client: _____

Day Phone: _____ Evening Phone: _____

Patient's Name: _____

Species: _____ Breed: _____

Sex: ☐ F ☐ SF ☐ M ☐ CM ☐ Unknown Age: _____

Tentative Diagnosis/Chief Complaint: _____

History/Physical Findings: _____

Treatments (including medications and dosages): _____

Special Requests/Comments: _____

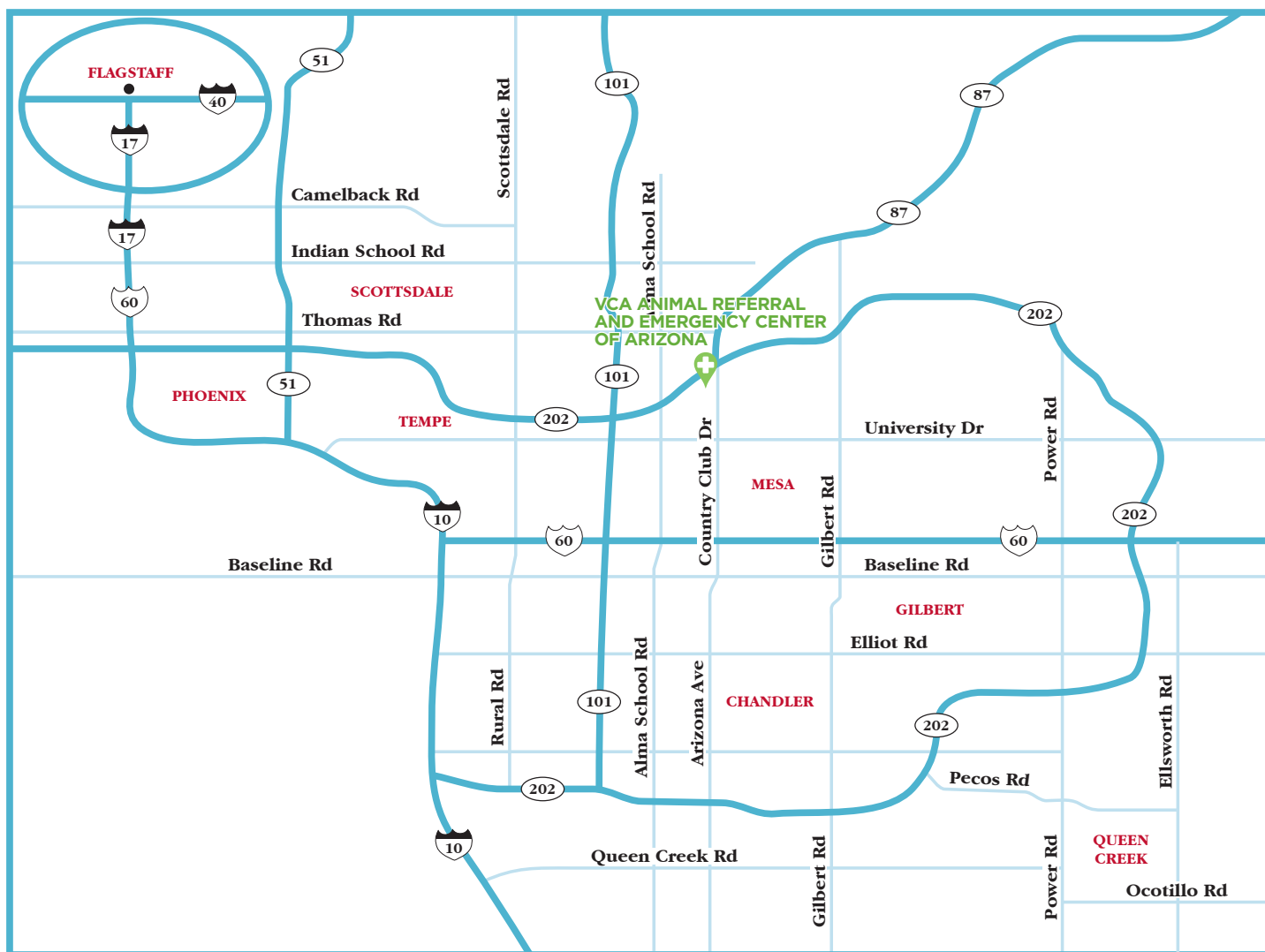


VCA Animal Referral and Emergency Center of Arizona

1648 North Country Club Drive • Mesa, AZ 85201

P 480-898-0001 • F 480-898-3111 • VCAareca.com

VCA ARECA is located approximately ½ mile south of the Red Mountain Loop 202 on the west side of Country Club Drive in Mesa.



BUSINESS HOURS: Open 24 hours/day, 7 days/week

Our specialty services are open Monday through Saturday, from 9 am until 5 pm. Please call to schedule an appointment. Our emergency services are always open, 24 hours a day, 365 days a year.