



VCA Animal Specialty & Emergency Center
1285 U.S. ROUTE 9 • WAPPINGERS FALLS, NY 12590
P: 845-632-3200 • F: 845-632-3785
VCAASEC.com

PATIENT REFERRAL FORM

Please provide the following information on your patient and case so we may be prepared to offer continuity of care.

Referring Doctor:	Phone Number:
Referring Hospital	Fax Number:
Client Name:	Patient Name:
Client Phone:	Species / Breed / Sex / Age:

How would you prefer to be contacted about this case?

☐ Phone ☐ Fax ☐ Email ☐ Postal Mail

Presenting Complaint:

Requested Services: (may choose more than one) ☐ with Consultation ☐ without Consultation

☐ Emergency/Critical Care ☐ Internal Medicine ☐ Surgery
☐ Oncology ☐ CT ☐ Ultrasound ☐ Radiographs

Case History: Please include duration of illness, clinical signs, lab results, imaging reports (please send radiographs), any other diagnostic results (including recent and current medications and doses), and treatments. Please feel free to email any information to ASECinfo@vcahospitals.com.

Specific comments, concerns of referring / primary care veterinarian:

For an appointment or to transfer a case, call 845-632-3200. Thank you in advance for the above information and for your trust in our care.