1535 S Sepulveda Blvd, Los Angeles, Ca 90025
Emergency & Critical Care | 310-473-1561
Specialty | 310-473-5906
Fax | 310-479-8976
ASECvets.com

SPECIALTY PATIENT REFERRAL FORM

Primary Care Hospital Info:

Hospital Name: _____ Doctor: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Client Info:

Name: _____

Address: _____ Phone: _____

Email: _____

Pet's Info:

Name: _____ Species: _____

Breed: _____ Sex: _____ Age: _____ Weight: _____

Specialty Department to be referred to: _____

Presenting Complaint: _____

_____

Pertinent History:_____

_____

Diagnostics Tests Performed: _____

_____

Treatments / Medications: _____

_____

Additional Comments: _____

***Please send this completed form along with all medical records, including lab work and imaging, to the department's email address. Alternatively, you can fax records to 310-479-8976.**

Surgery– ASECreception@vca.com
Internal Medicine– ASECmedicine@vca.com
Cardiology– ASECcardiology@vca.com
Oncology– ASEConcology@vca.com