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|  | **VCA Animal Specialty Group**  **Out-patient Ultrasound Referral Form** |

**Referring Hospital: \_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Referring Veterinarian**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client/Patient Information**

Owner’s Name Address Phone Number

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Pet’s Name Species Dog/Cat Breed

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Sex Spayed/Neutered Date of Birth/ Age Color

**History**- Please provide as much detail as possible. The scan will not be performed if not completed

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Please choose the following Ultrasound Study:

⃝ Abdominal: $468

⃝ Dual Cavity: $873.10

⃝ Check for pericardial fluid only (screening for right atrial hemangiosarcoma): $100

⃝ Neck/Thyroid/Parathyroid: $212.25

\*Please note: Clients should expect that their pet will be in our hospital for 2-3 hours for the ultrasound. All pets need to arrive fasted. Please let the client know that we will be shaving the pet’s belly for the ultrasound. On occasion, “Out-patient ultrasound” cases may arrive unstable or in need of veterinary treatment. These cases may be converted into a clinical consult. The consultation fee is $173.50.

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| **For hospital use only:**  **🞏 Approved**  **🞏 Scheduled \_\_\_\_\_\_\_\_\_** |

**As always we appreciate your referrals!**

Dr. Chelsea Kunst, DVM, DACVR

Dr. Jonathan Hayles, DVM, MS, DACVR

VCA Animal Specialty Group

5610 Kearny Mesa Road, Suite B, San Diego CA 92111 (858) 560-7778 Fax (858) *560-7762*

**An Ultrasound will not be performed without providing a recent history**