PatientReferral Form



Our Promise to You

We are committed to providing innovative, compassionate and advanced care to our community of patients, clients and you, our veterinary partners. We strive to build a strong relationship with you to provide hope and wellness for pets and their families through any health challenge. You can count on us to deliver world-class medicine with hometown care.

Referral Protocol and Forms

Please review the specialty referral and patient transfer protocols below. An electronic copy of the referral protocol and referral form can be found on our website, vcacvs-murrieta.com, under the "For Veterinarians" tab or it can be sent to you. Email us at vcacvs-murrieta@vca.com with any questions on the referral process.

Specialty Referral

Refer a specialty consult if your patient is in stable condition and needs to see a specialist.

Steps to Refer a Specialty Consult

- 1. Please fill out our Patient Referral Form and send it to us with the patient records as soon as possible.
- 2. Inform the client which specialty department they need to see:

Cardiology Wednesday only **Surgery** Monday-Friday

Internal Medicine
Tuesday-Friday

- 3. Direct your client to call our hospital and schedule the specialty consult. Even if we receive a copy of your Referral Form and patient records, we still wait for the client to call us to book the appointment.
- 4. Email us the previous six to 12 months of all patient records, images and labwork. Our Oncology and Internal Medicine departments will not schedule an appointment without first having all the patient records and Referral Form, so please email these as soon as possible with the patient name in the subject line.

Note: If your hospital requires doctor approval before releasing patient records to us, please notate the patient's account preemptively so there is no delay when we call to request patient records.

24/7 Emergency/Critical Care Transfer

Direct transfers are patients currently being treated at your hospital who need continued hospitalization. This does not include emergency cases being sent to us due to capacity issues.

Steps to Same-Day Direct Transfer Only

- Before the patient leaves your hospital, the primary care veterinarian will need to call us at 951-970-9197 and speak directly with an ER doctor to discuss the details of the transfer, set realistic expectations and answer any questions our ER doctor may have.
 - **Note:** If you are sending a client to see a specialist and the patient is stable, please refer to the left side of the page and follow the steps for a specialty consult. The specialty consult should be booked in advance and not sent as a same-day transfer.
- Immediately send all medical records, including radiographs, historical blood work for comparison, written notes and all medications so we can review them before the patient arrives. Although we understand there may not have been time for diagnostic testing, please send as much information as possible.
- 3. If the patient requires a specialist or advanced diagnostics, we cannot guarantee they will see a specialist that day, but our ER doctors will continue monitoring and providing treatment until a specialist is available.



VCA California Veterinary Specialists - Murrieta

39809 Avenida Acacias, Suite E, Murrieta, CA 92563

P 951-600-9803 E vcacvs-murrieta@vca.com vcacvs-murrieta.com

Patient Referral Form

Please complete and provide a copy to the client. Please instruct the client to bring the completed form to VCA California Veterinary Specialists - Murrieta. Referring veterinarian: ______ Hospital name: _____ Service: Client first name: Client last name: Daytime phone: _____ Evening phone: _____ Pet's name: ______ Pet's date of birth: _____ Species: ☐ Dog ☐ Cat ☐ Other: ______ Breed: _____ **Medical Information** Patient history: _____ What are your goals for the referral? Diagnostic tests/medications and dosages administered: Any special patient care or handling considerations? **Additional Information Sent:** E vcacvs-murrieta@vca.com | F 951-600-7758 □ Lab results Radiographs ■ Medical records Date records sent: □ Fax □ Fmail ☐ With client

