## VCA CAVES Referral Form

The specialists at VCA Capital Area Veterinary Emergency & Specialty work closely with primary care veterinarians on behalf of their patients in need of advanced medical, surgical or diagnostic services. Our specialists work as a team with Primary Care providers and communicate directly and promptly to enhance the relationship between the veterinarian and the client, allowing the best possible patient care.

Date:			
Service Requested:			
Surgery: Krista Gazzola	, DVM, DACVS		
Surgery: Natalie Koons	s, DVM, DACVS		
Internal Medicine: Tony	ya Brown, DVM, DACVIM		
Internal Medicine: Case	ey Dropkin, DVM, DACVIM		
Neurology: Heather Jo	nes, DVM, DACVIM		
Outpatient Ultrasound: For in	maging only referrals (Jessica Morg	gan, DVM, DACVIM or Tara Lampman, DVM, DACVIM), do not	
complete this form. Please cor	mplete the MVI referral form at mv	vi-ne.com/forms. This service is for diagnostic imaging only.	
If you have an emergency tra assisting your client as quickl		call the hospital to speak directly with a doctor so we can facilita	ate
Referring Veterinarian:		Clinic:	
Phone:	Email:		
Client Name:	Client E	Email:	
		Home:	
		Breed:	
	•	Temperament:	
		ale-intact ☐ Female-spayed ☐ Female-intact	
Tentative diagnosis or chief co	omplaint: 🗖 Please return to my o	office for diagnostic testing and treatment.	
Brief Summary of Case (Diagn	ostics, Response to Therapy, Reas	son for Referral):	
Please include the patient's vainformation to AU987@vca.co		erral information and forward one to two years of the patient's	
Medical Records	Lab Results	Radiographs	
<b>□</b> Emailed	☐ Emailed	☐ Emailed	
	□ None	□ None	
☐ Routine referral: Will be cor	ntacted within five to seven busine	ess days. The client is welcome to call in advance.	
□ Urgent referral			
For information on how we call	act and use information about you a	nd your net and how you may ont out of some uses, please see our	



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