

VCA Capital Area Veterinary Specialists



Excellence in Veterinary Specialty Care

Referral Form

(please check a doctor listed below)

7958 Shoal Creek Blvd.
Austin, TX 78757

Phone: (512) 388-0944

Fax: (512) 610-2084

au1002@vca.com

Surgery

- Elaine R. Caplan, DVM, DACVS, DABVP ACVS, Founding Fellow, Surgical Oncology

Neurology

- Jonathon M. Levine DVM, DACVIM (consultant)

Oncology

- Gabi Strottner, DVM (Medical Oncology)
- Elaine R. Caplan, DVM, DACVS, DABVP ACVS, Founding Fellow, Surgical Oncology
- Philip Treuil DVM, DACVR (Radiation Oncology)

Referring Veterinarian's Name: _____ Date: _____

Hospital Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: __ () _____ - _____ Fax: __ () _____ - _____

Email: _____

Client Name: _____

Home Phone: __ () _____ - _____ Work Phone: __ () _____ - _____

Cell/Other: __ () _____ - _____

Patient's Name: _____ Species: _____

Breed: _____ Color: _____

Sex: _____ Altered? Y N Age: _____

Primary Complaint/Reason for Referral: _____

If you feel extra information is needed, please attach additional page(s).

We ask that you send **ALL** radiographs, CT, MRI, and ultrasound images (even if they have no significant findings) with the client, and we will return them to your office. Please **FAX** any original lab reports to our office, as well as records directly relating to this medical condition. Please call our office if there is any immediate information you need to relay about the case.

Thank you for the opportunity to participate in the treatment of this patient.