VCA CARE HOSPITAL
VCA Care Specialty & Emergency Animal Hospital

301 E. Haley Street | Santa Barbara, CA 93101

Patient Referral Form

Referring doctor:
Referring practice:

CLIENT INFORMATION

Name (first and last): _____ Date of birth: _____

Street address:	City, State, ZIP:
Primary phone:	Email:
Secondary phone:	Preferred contact method: ☐ Phone ☐ Email

PATIENT INFORMATION

Name: _____

Species:	Breed and color:
Age:	Sex:

Service for which the patient is being referred:

☐ Emergency/critical care // ☐ Internal medicine (Tu-F; Dr. Bowman) // ☐ Ophthalmology (M-Th; Dr. Lanuza)

*****If you have an urgent or time-sensitive care, please call in addition to submitting the referral form*****

Chief complaint: _____

Brief history/current treatments *(please include known drug allergies and chronic medical conditions)*:

Medical records and/or diagnostic results (leave blank if none):

Medical records	☐ Faxed ☐ Emailed ☐ Sent with client **Notes:**
Labs	☐ Faxed ☐ Emailed ☐ Sent with client **Notes:**
Images	☐ Faxed ☐ Emailed ☐ Sent with client **Notes:**
Other	☐ Faxed ☐ Emailed ☐ Sent with client **Notes:**

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