



VCA Colonial Animal Hospital
Referral Information Form- SURGERY and EMERGENCY

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Text: 607-289-2077 Email: vcacolonial@vca.com

J. Thomas Ross, DVM
Diplomate, American College of Veterinary Surgeons
Dennis Socha, DVM
Practice limited to Surgery
Alain Giroux, DVM
Diplomate, American College of Veterinary Radiology
Johnny Mullins, DVM
General Practice and Surgery

General Practice
Catherine Hegarty Ross, DVM
Cecilia Murch, DVM, MPH
Karaline Tripp, DVM
Tradel Harris, DVM
Amy Barron, DVM
Jillian Whalen, DVM
Emergency
Beth Licitra, DVM, PhD
Laura Pollock, DVM
Gillian Lawrence, DVM
Jeremy Eule, DVM
Cheyenne Shaffer, DVM

Kenneth M. Rassnick, DVM
Diplomate, American College of Veterinary Internal Medicine (Oncology)
Catherine Cortright, DVM
Diplomate, American College of Veterinary Internal Medicine
Kate Anderson, DVM
Behavior

Referring Veterinarian: _____

Hospital Name: _____

Email: _____

Fax: _____ Telephone: _____

Owner's Name: _____ Patient Name: _____

Species: Canine Feline Breed: _____ Sex & Age: _____

Client Phone # _____ Appointment Date/Time: _____

Vaccinations (dates given): DHLPP: _____ Bordetella: _____ Rabies: _____

FELV: _____ FVRCP: _____

Patient History: _____

Diagnostic Tests Performed & Test Results: _____

Treatments: _____

Tentative Diagnosis & Advice to Client:

