

REFERRAL FORM



VCA Hollywood Animal Hospital

Patients referred by veterinarians will receive services related to the presenting problem only. Clients are required to return to their regular veterinarian for all other work. In certain instances, a follow-up visit related to the presenting problem may be done at our hospital otherwise no other services will be performed for this client within ONE YEAR of each referral. _____ *Initial here*

Referring D.V.M. / Hospital: _____

Primary D.V.M. / Hospital: _____

Phone # _____ Fax # _____

Reason for Referral: _____

CLIENT INFORMATION

Name: _____ Co-Owner _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Primary# Circle: Cell or Home _____ Additional Contact # _____

Social Security # _____ Employer Name & Phone# _____

PET INFORMATION

Pet's Name _____ Circle: Dog / Cat Male / Female Spayed / Neutered

Breed: _____ Color: _____ Age: Years: _____ Months: _____ DOB, if available _____

Is your pet up to date on vaccines? Y ___ N ___ Date of last vaccination: _____

To Be Completed by Referring Veterinarian

Tentative Diagnosis: _____

History/Physical Findings: _____

Laboratory Data (attach additional sheets if possible): _____

Treatments (including medication and dosages): _____

Special Requests/Comments: _____

PAYMENT POLICY

We accept Cash, Checks, All Major Credit Cards and offer Care Credit for Surgical and extensive Medical Services.

Please Sign The Following Authorization For Treatment.

I hereby authorize the staff of VCA to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. I understand that professional fees are to be paid at the time services are rendered and a 75% deposit is required on all pets admitted to the hospital. Additional monies may also be required throughout a lengthy stay in hospital. The remainder of is due upon discharge of your pet. All fees are due at the time services are rendered.

My signature indicates that I understand that I am responsible for all fees incurred in treating my pet.

Signature of Owner, Agent or Good Samaritan Date/ Signature of Spouse Date