

VCA Veterinary Specialists of CT

27/7 Emergency Care

993 North Main Street, West Hartford, CT 06117

P 860-236-3273 vsctreferrals@vca.com

Patient Referral Form

Referring Veterinarian: _____ Referring Hospital: _____

Phone: _____ Fax: _____ E-mail: _____

Please select a service: Neurology Surgery – Orthopedic/Soft tissue Critical Care

Emergency doctor on duty Anesthesia/Pain Medicine Other _____

Client Information:

Owners Name: _____ Contact Phone Number: _____

How would you like us to set up the referral? Call Owner Already Scheduled Direct care transfer (ER/ECC)

Pets Name: _____ Breed: _____ DOB/Age: _____ Sex: _____

Medical Information: Please complete/answer all lines (or send a case summary)

Chief Complaint: _____

History: _____

Treatments/Current Therapy: _____

Radiographs: Performed & Will Email/Fax None Taken

Bloodwork: Performed & Will Email/Fax None Performed

Other Diagnostics: Performed & Will Email/Fax Results Pending None Sent

Rabies Vaccine Current? Yes Expiration Date: _____ No Unknown

Abnormal Test Results: _____

Comments/Special Requests: _____

Please email/fax all diagnostic test results with this referral form.

Radiographs can be emailed or sent on disc with the client.

