

# VCA Veterinary Specialists of CT

24/7/365 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  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 all diagnostic test results with this referral form.**

**Radiographs can be emailed.**

