



OUTPATIENT ULTRASOUND REFERRAL FORM

- Middleton (1612 N. High Point Rd.) Madison (4902 E. Broadway)
- Abbreviated Renal Ultrasound Full ultrasound

Referring Veterinarian:	Phone:
Referring Hospital:	Preferred Method of Contact and Time(s) Available:
Clinic Email:	Clinic Fax:
CLIENT INFORMATION	PET INFORMATION
Name:	Name:
Address:	Age:
State: Zip:	Breed/Color:
Cell Phone: Other Phone:	Sex: Weight:
Email (optional):	Pet Type (circle): DOG CAT OTHER: (please list)
Presenting Complaint/History:	
Lab Findings:	
Treatments:	
Any known drug reactions:	

Please initial below (Referring DVM):

_____ I understand no aspirates or biopsies will be performed during the outpatient ultrasound

_____ I understand as the referring veterinarian, I will be relaying ultrasound findings and recommendations to the client listed above.

**** We will perform sedated outpatient ultrasounds. The criticalist performing the ultrasound will determine if sedation is necessary, perform an exam, and come up with appropriate protocol. ****

DVM Signature: _____

Please submit this form via email to: vesvsc@vca.com