



PATIENT REFERRAL FORM

VCA Veterinary Referral &
Emergency Center
123 West Cedar Street
Norwalk, CT 06854
Ph 203.854.9960 | Fx 203.838.5956
www.VCAVREC.com

Date ~~Referral to~~ Referral to (check off your department selection below)

ER/CC

Internal Medicine

Diagnostic Imaging

Soft Tissue Surgery

Orthopedic Surgery

Dermatology & Allergy

Referring Veterinarian/Clinic Information

Referring DVM and Clinic Name

Address/State/Zip

Telephone

Fax

Email

Patient Information

Patient Name

Species

DOB

Age

Breed

Male

Female

Altered?

Yes

No

Color

Pet Owner's Name and Contact Information

Name

Address/State/Zip

Home Tel

Work Tel

Mobile Tel

Email

PATIENT CASE HISTORY

Condition of patient

Healthy

Stable

Critical

Presenting complaint/chief medical concerns

Reason for referral

Pertinent Medical History (including vaccination history)

Current Diagnostics/Treatments/Medications (including dosages)

Sending with patient

copy of entire medical record

lab reports

radiographs

ECG

Other medical records (please specify)

REFERRAL INSTRUCTIONS

VETERINARIANS: When referring your patient to VREC, please complete this form prior to referral. You may print it and handwrite your entries (or type directly into the form, save it then print it), and fax it to us at fax #203.838.5956. Pertinent medical records may also be faxed along with the referral form. Alternately, you may have the pet owner bring the records along with them to their pet's appointment. If you require assistance, have questions or wish to discuss your patient's case prior to referral, please call our hospital at 203.854.9960, and a staff member will be happy to help. Thank you. VCA Veterinary Referral & Emergency Center

IMPORTANT: PLEASE COMPLETE THIS FORM AND FAX IT TO VREC