



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 (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)
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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