VCA Colonial Animal Hospital

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Internal Medicine Referral Form

Catherine Cortright, DVM Diplomate, American College of Veterinary Internal Medicine Michael Merkhassine, DVM Diplomate, American College of Veterinary Internal Medicine

Referring Veterinar	ian:			
Hospital Name:				
Fax:		Phone:		
Client:		Patient:		
Species: 🗖 Canine	☐ Feline Breed: _			
Sex:	DOB/Age:	Color:	Weight:	
Appointment Date	/Time:			
Reason for referral				

Dr. Cortright and Dr. Merkhassine do not perform cardiac or thoracic ultrasound or vascular studies.

Providing referral services to our surrounding veterinary community since 1971 and AAHA Accredited for the last 50 years.



