VCA Colonial Animal Hospital

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Outpatient Ultrasound Referral Form

We must have completed form prior to client scheduling.

Referring Veterina	rian:		
Hospital Email:			
Client:		Patient:	
Species: 🗖 Canine	e 🗖 Feline Breed:		
Sex:	DOB/Age:	Color:	Weight:
Client Phone:	nt Phone: Client Email:		
History:			
Services requeste	ed Outpatient U/S		
	Ultrasou	nd-Out Patient-Case Re	ferral
Abdomen:		Specific Organ:	

Other:

*We do not use sedation for outpatient ultrasounds. We recommend patients receive an oral anti-anxiety medicine prior to arrival to facilitate a thorough and stress free procedure. Patient must have a good disposition and be able to lay still for 30 minutes without sedation.

*Patients must be under 80 lbs for outpatient ultrasound.

*Dr. Giroux can do some cardiac ultrasounds on adult patients at his discretion, please speak to Dr. Giroux directly about cardiac patients.

*Dr. Giroux will not be speaking to clients-reports will be sent to referring veterinarian to discuss with client.

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



