

VCA Veterinary Emergency Service & Veterinary Specialty Center

1612 North High Point Road, Suite 100
Middleton, WI 53562
P 608-831-1101 vcaves-middleton.com

4902 East Broadway
Madison, WI 53716
P 608-222-2455 vcaves-madison.com

Referral Form

Which department are you referring to? Oncology Surgery Internal Medicine

Referring Veterinarian: _____ Referring Hospital: _____

Phone: _____ Preferred Method of Contact: _____

Clinic Email: _____ Fax: _____

Please attach all medical records, diagnostics, and imaging with your submission. Specialty services at VCA-VES/VSC do require bloodwork and workup within the last 60 days for all referral cases. VCA-VES/VSC specialty services staff will reach out to the client to schedule an appointment after reviewing medical records.

Please return this form with attachments to one of the following: Oncology: vesvsc@vca.com, Surgery: vesvsc@vca.com, or Internal Medicine: vesim@vca.com.

Client Information:

Client Name: _____

Address: _____
CITY STATE ZIP

Phone: _____ Email: _____

Pet Information:

Pet Name: _____ Age: _____

Species: _____ Breed: _____

Sex: F SF M MN Pet Temperament: _____

Presenting Complaint/History: _____

Physical Exam & Lab Findings: _____

Today's Pain Score: _____

Medications & Other Treatments (include dates and dosages): _____

Goals for Referral, Other Comments: _____

DVM Signature: _____

