



California **Veterinary Specialists**

PATIENT REFERRAL FORM



▶ Please complete and provide client. Please instruct client to bring completed form to California Veterinary Specialists in Murrieta.

Referring Veterinarian:

Hospital Name:

Service: Emergency/Critical Care Internal Medicine Surgery Neurology
 Oncology Ophthalmology

Client first name:

Client last name:

Daytime phone:

Evening phone:

Pet's name:

Pet's date of birth:

Species: Dog Cat Other:

Breed:

Medical Information

Patient history:

What are your goals for the referral?

Diagnostic tests/medications and dosages administered:

Any special patient care or handling considerations?

Additional Information Sent Over: Lab Results Radiographs Medical Records
Email: VCACVS-MURRIETA@VCA.COM Date Records Sent: Fax Email With client
Fax: 909-600-7758

Carlsbad
760-431-2273 | FAX 760-431-1084
2310 Faraday Ave., Carlsbad, CA 92008

Murrieta
951-600-9803 | FAX 951-600-7758
39809 Avenida Acacias, Suite E, Murrieta, CA 92563

Ontario
909-947-3600 | FAX 909-947-4757
2409 S. Vineyard Ave. Suite O, Ontario, CA 91761