



California **Veterinary Specialists**



PATIENT REFERRAL FORM

Please complete and provide a copy to the client.
Please instruct client to bring completed form to VCA California Veterinary Specialists in Murrieta.

Referring Veterinarian: _____ Hospital Name: _____

Service: Emergency/Critical Care Internal Medicine Surgery Oncology

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: 951-600-7758

Murrieta

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