



## SPECIALTY REFERRAL

If your patient is in stable condition and needs to see a specialist.

### Steps to book a Specialty Consult



1. Please fill out our Referral Form, and give a copy to your client.



2. Inform the client which specialty department they need to see:

- Cardiology  
Thurs only
- Oncology  
Mon, Tues, Thurs, Fri
- Internal Medicine  
Mon - Fri, alternating Sat
- Surgery  
Mon - Thurs



3. Direct the client to call our location and schedule a Specialty Consult.



4. Once the consult is scheduled, we will call your hospital to obtain a copy of the Referral Form and patient medical records, including radiographs, historical bloodwork for comparison, written notes and all medications. Please forward records as soon as possible as we try to review these prior to the day of the appointment.

Note: If your hospital requires doctor approval before releasing patient records to us, please notate the patient's account preemptively so there is no delay when we call to request the patient records.



## 24/7 EMERGENCY/CRITICAL CARE TRANSFER

If your patient presents to your office as an emergency or in unstable condition, you can "Same-Day Transfer" to us.

### Steps to Same-Day Transfer



1. Before the patient leaves your location, the Primary Care Veterinarian will need to call us at **951-600-9803** and speak directly with an ER doctor to discuss the details of the transfer, set realistic expectations, and answer any questions our ER doctor may have.

Note: If you are sending a client to see a specialist and the patient is stable, please refer to the left of the page and follow steps for a Specialty Consult. The Specialty Consult appointment should be booked in advance and not sent as a Same-Day Transfer.



2. Immediately send all medical records, including radiographs, historical bloodwork for comparison, written notes and all medications, so we can review them before the patient arrives. Although we do understand there may not have been time for diagnostic testing, please send as much information as possible.



3. If patient requires a specialist, we cannot guarantee they will see a specialist that day, but our ER doctors will keep them in stable condition until a specialist is available.

**Outpatient Ultrasounds: At this time we require an exam by our emergency doctors, who will connect with our radiologist. Please call ahead.**

## Send Referral Form, complete medical records, and imaging to

Email (*preferred*) [VCACVS-Murrieta@vca.com](mailto:VCACVS-Murrieta@vca.com) OR Fax 951-600-7758

### Accessing Referral Forms



**Smartphone:** Scan this QR code with your smartphone camera to be directed to our Referral Forms online.

**Website:** Download online at [bit.ly/referral-forms](http://bit.ly/referral-forms)

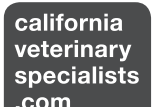
**Email:** Contact [Kristin.Yamaka@vca.com](mailto:Kristin.Yamaka@vca.com) to request a Referral Form paper pad be mailed to you.



## AT OUR HOSPITAL

Once both patient and client arrive at our hospital, the following will take place:

1. (Prior to arrival) Specialist/ER doctor will review provided patient medical history
2. Physical exam
3. Diagnostic & Treatment Plan and cost will be reviewed with the client
4. Advanced diagnostics (if necessary/possible)
5. Medical Record will be generated based on findings
6. All pertinent information will be forwarded to the Primary Care Veterinarian, typically between 24-48 hours
7. The Primary Care Veterinarian can call at any time to check in on the status of the patient





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

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



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