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Acupuncture and Laser Referral Form

Date: _____ Referring Hospital: _____

DVM: _____ Phone # _____

Fax # _____ Date client was last seen: _____

Reason for Referral:

Surgery

J. Thomas Ross, DVM
Diplomate, American College
Of Veterinary Surgeons

Dennis Socha, DVM
Practice Limited to Surgery

Radiology

Alain Giroux, DVM, MSc,
Diplomate, American College
Of Veterinary Radiologists

Oncology

Ken Rassnick, DVM,
Diplomate, American College
Of Veterinary Internal Medicine
(Oncology)

Internal Medicine

Catherine Cortright, DVM
Diplomate, American College
Of Veterinary Internal Medicine

Emergency & Critical Care

Emily J. Cottam, DVM,
Diplomate, American College
Of Veterinary Emergency and
Critical Care

Acupuncture

Annie Johnson, DVM, CVA

General Practice

Ellen Tremante, DVM
Jenneka McCarty, VMD
Michelle Porter, DVM
Cecilia Murch, DVM, MPH

Owner Name _____ Home Phone _____

Address _____ Work Phone _____

Animal Name _____ Breed/color _____

Age/DOB _____ Neutered - Male - Female - Spayed

Vaccination Status _____ Date Rabies updated _____

Diet/supplements _____ Allergies _____

Diagnosis _____

Previous Medical History

Injuries/fractures _____

Surgeries/dates _____

History of Present Illness _____

Current Medications/Treatment _____

Diagnostic Testing/results _____

Precautions/limitations _____

Current clinical condition _____

Weight-bearing status _____ Prognosis: Good Fair Poor

Comments:

Do you have VETCONNECT? Yes or No