



REFERRAL INFORMATION FORM

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J. Thomas Ross, DVM
Diplomate, American College of Veterinary Surgeons
Dennis Socha, DVM,
Practice limited to Surgery
Alain Giroux, DVM, MSc
Diplomate, American College of Veterinary Radiologists

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

Kenneth M. Rassnick, DVM,
Diplomate, American College of Veterinary Internal Medicine (Oncology)
Catherine Cortright, DVM
Diplomate, American College of Veterinary Internal Medicine
Emily J. Cottam, DVM, DACVECC
Diplomate of the American College of Veterinary Emergency and Critical Care

Referring Veterinarian: Dr. _____

Hospital Name and Address: _____
_____ Telephone: _____

Owner's Name: _____ Patient Name: _____

Species: Canine Feline Breed: _____ Sex & Age: _____

Vaccinations (dates given): DHLPP: _____ Bordetella: _____ Rabies: _____
FELV: _____ FVRCP: _____

Patient History: _____

Diagnostic Tests Performed & Test Results: _____

Do you have VETCONNECT? Yes or No

PLEASE CIRCLE ONE: **DIAGNOSTICS ONLY** **MEET WITH DVM & DIAGNOSTICS**

Treatments: _____

Tentative Diagnosis & Advice to Client: _____

For Acupuncture or Laser Referral – Please use Acupuncture/Laser Form