VCA Colonial Animal Hospital
2369 N. Triphammer Rd., Ithaca, NY 14850
P 607-257-3650 **F** 607-257-7009 **E** vcacolonial@vca.com **vcacolonial.com**

Internal Medicine Referral Form

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

Referring Veterinarian: _____
Hospital Name: _____
Hospital Email: _____
Fax: _____ Phone: _____

Client: _____ Patient: _____
Species: ❒ Canine ❒ Feline Breed: _____
Sex: _____ DOB/Age: _____ Color: _____ Weight: _____
Client Phone: _____ Client Email: _____
Appointment Date/Time: _____

Reason for referral _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please include patient's vaccination certificate with the referral information.

Dr. Cortright does not perform cardiac or thoracic ultrasound or vascular studies.

Providing referral services to our surrounding veterinary community since 1971and AAHA Accredited for the last 50 years.

AAHA ACCREDITED The Standard of Veterinary Excellence

vca animal hospitals

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