

VCA Colonial Animal Hospital

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Mass Removal Referral Form

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

Dennis Socha, DVM, Practice limited to Surgery

Referring Veterinarian: _____

Hospital Name: _____

Hospital Email: _____

Fax: _____ Phone: _____

Client: _____ Patient: _____

Species: Canine Feline Breed: _____

Sex: _____ DOB/Age: _____ Color: _____ Weight: _____

Client Phone: _____ Client Email: _____

Consult for: Surgery Work Up

Reason for referral _____

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

Requested Information	Yes	No	N/A
Medical Record (Visit summary/PE notes and any client recommendations)			
Vaccination Status			
Bloodwork Results			
Urine Test Results			
Radiographs (Please send images and also report if available)			
Other Imaging Reports (Indicate US, CT, MRI, etc)			
Cytology Report (Cytology or Histopathology results needed prior to surgery consult)			
Histopathology Report (Cytology or Histopathology results needed prior to surgery consult)			

***Cytology or histopathology results are required to book a surgical consult for mass removals. If no testing has been completed, please refer to oncology for testing.**

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



Administrative services provided by VCA Animal Hospitals.

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