

# VCA Colonial Animal Hospital

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## Oncology Referral Form

Referring Veterinarian: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Hospital Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Client: \_\_\_\_\_ Patient: \_\_\_\_\_

Species:  Canine  Feline Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Client Phone: \_\_\_\_\_ Client Email: \_\_\_\_\_

Dear Doctor,

Your client has requested an Oncology Consultation with Dr. Rassnick at VCA Colonial Animal Hospital. Please complete this form and return the form and patient documents to Dr. Rassnick at VCA Colonial Animal Hospital as soon as possible so we can set up an oncology consult for your client/patient. Please check off the information you are sending.\*

Reason for referral: \_\_\_\_\_

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

Information	Yes	No
Referral Letter pertaining to the last visit to your clinic. Please include a summary of past medical and surgical problems and information about any allergies or adverse medication reactions the patient has had in the past. <b>(Note: Dr. Rassnick does not need the entire medical record)</b>		
Has this pet been evaluated for this problem at another veterinary hospital? If Yes, where? _____		
Bloodwork Test Results/Reports		
Urine Test Results		
Radiographs		
Radiology Report		
Ultrasound Report		
CT and/or MRI Report		
Cytology Report		
Histopathology Report		

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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