

VCA Colonial Animal Hospital

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Outpatient Ultrasound Referral Form

We must have completed form prior to client scheduling.

Referring Veterinarian: _____

Hospital Name: _____

Hospital Email: _____

Fax: _____ Phone: _____

Client: _____ Patient: _____

Species: Canine Feline Breed: _____

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

Client Phone: _____ Client Email: _____

Reason for referral: _____

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

History: _____

Services requested Outpatient U/S _____

Ultrasound-Out Patient-Case Referral

Abdomen: _____ **Specific Organ:** _____

Other: _____

*We do not use sedation for outpatient ultrasounds. We recommend patients receive an oral anti-anxiety medicine prior to arrival to facilitate a thorough and stress free procedure. Patient must have a good disposition and be able to lay still for 30 minutes without sedation.

*Patients must be under 80 lbs for outpatient ultrasound.

*Dr. Giroux can do some cardiac ultrasounds on adult patients at his discretion, please speak to Dr. Giroux directly about cardiac patients.

*Dr. Giroux will not be speaking to clients—reports will be sent to referring veterinarian to discuss with client.

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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