

VCA Colonial Animal Hospital

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Surgery 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: Soft Tissue Orthopedic

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			
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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