



REFERRAL INFORMATION FORM

825 White Spruce Blvd. · Rochester, NY 14623
Telephone (585) 424-1277 · Fax (585) 424-1335
www.vsesrochester.com / info@vsesrochester.com

*****If possible, please scan and email the completed form and all records/reports to info@vsesrochester.com. If needing to fax – (585) 424-1335.**

Is this an URGENT referral? Yes No Date of Referral _____

Client Name _____ Co-Owner Name _____

Client Preferred Phone Number (____) _____ Client Email Address _____
example@example.com

Does the client have special needs? Yes No

If yes, please explain _____

Patient Name _____ Species _____

Breed _____ Color _____ Date of Birth _____
mm-dd-yyyy

Gender Female Male | Spayed/Neutered Yes No | Is the pet a Caution? Yes No

If yes to Caution, please explain _____

REFERRING VETERINARIAN DATA

Name of Doctor _____ Hospital _____

Veterinarian Email _____ Regular Client at your Hospital? Yes No
example@example.com

If no, name of veterinarian _____

Referral to Department Emergency Internal Medicine Ophthalmology Surgery

Outpatient Imaging for (please select): Ultrasound MRI ECHO CT

Area to be scanned: _____

Significant/Previous Medical History (Including Allergies) _____

Current Medical Concern (Please indicate/describe chief complaint, onset, progression, treatment, response)

Tentative Diagnosis Given to Client _____

Current Medications _____

Current on Vaccines? Yes No

We will need the referral form and all records at least 72 hours prior to appointment or we may need to reschedule.

Please include the following with this form:

MEDICAL RECORDS:

Please be sure to include all medical notes pertinent to the concern. If the concern has been ongoing for 6 months, please send everything for 6 months. If the concern has been ongoing for 6 years, please send everything for 6 years.

COMPLETE DIAGNOSTIC REPORTS:

If you have completed any of the following pertinent lab work or other tests, please include original copies.

Diagnostic Reports

- CBC
- Chemistry
- Urinalysis
- Thyroid Testing
- Pathology/Cytology
- HW/Lyme/Ehrlichia
- ECG
- Other
- Surgery Reports related to concern
- Image Reports
- Radiographs
- Ultrasound Studies
- CT
- MRI
- Blood Pressure

**Scanned and emailed forms and records/reports is preferred for legibility - info@vsesrochester.com.
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THANK YOU FOR YOUR REFERRAL!