



VETERINARY SPECIALTY & EMERGENCY CARE
6136 CRAWFORDSVILLE ROAD
INDIANAPOLIS, IN 46224
PHONE: (317) 491-1900 FAX: (317) 491-1801
WWW.VSECINDY.COM INFO-WEST@VSECINDY.COM

DATE: _____

CLIENT'S NAME: _____ EMAIL: _____

ADDRESS: _____

PHONE: (HOME) _____ (CELL) _____ (WORK) _____

PET'S NAME: _____ FELINE CANINE BREED: _____

WEIGHT: _____ D.O.B: _____ SEX: MALE FEMALE SPAYED NEUTERED

REASON FOR REFERRAL (WE WILL CONTACT YOUR OFFICE FOR MORE DETAILS IF NEEDED):

_____ EMERGENCY/CRITICAL CARE

_____ RADIOLOGY (DR. JIM NAUGHTON, DVM, DAVCR)

ABDOMINAL ULTRASOUND THORACIC ULTRASOUND ECHOCARDIOGRAM

SMALL PARTS (THYROID/PARATHYROID/SOFT TISSUE/EYE/PREGNANCY)

CASE HISTORY (PLEASE INCLUDE ADDITIONAL PAGES IF NEEDED): _____

***PLEASE SEND A COPY OF ANY PERTINENT LAB RESULTS AND X-RAYS**

LIST ANY KNOWN ALLERGIES TO MEDICATIONS?

RADIOGRAPHS? YES NO E-MAILED? SENT WITH CLIENT?

REFERRING HOSPITAL: _____ REFERRING DOCTOR: _____

HOSPITAL PHONE: _____ FAX: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

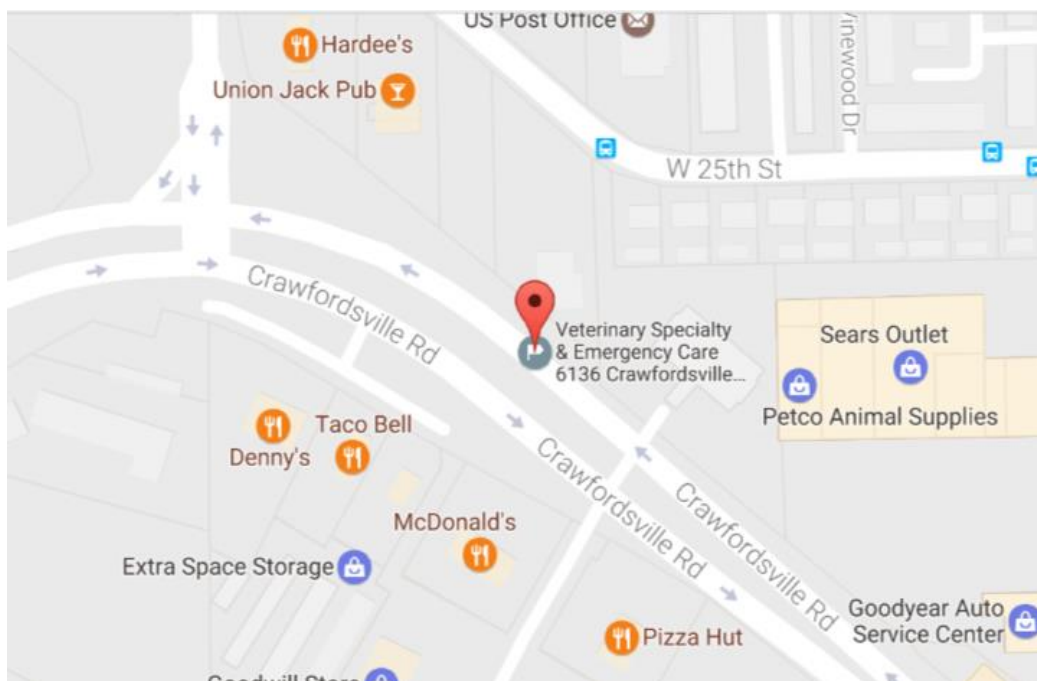
DO YOU NEED MORE REFERRAL FORMS? YES NO

DO YOU NEED MORE BROCHURES? YES NO

DURING THE HOURS OF 8 AM TO 4 PM, MONDAY THROUGH FRIDAY, PLEASE TRY TO PHONE AND SPEAK DIRECTLY TO OUR REFERRAL COORDINATOR. IF THE COORDINATOR IS NOT AVAILABLE AND IT IS NOT AN EMERGENCY, PLEASE LEAVE A MESSAGE AND WE WILL MAKE EVERY ATTEMPT TO CONTACT YOU WITHIN THE SAME DAY. IF YOU HAVE AN EMERGENCY, PLEASE CONTACT THE FRONT DESK AND ALERT THE CUSTOMER SERVICE REPRESENTATIVE THAT YOU ARE A REFERRING VETERINARIAN WITH A CASE IN NEED OF IMMEDIATE CARE. YOUR CALL WILL BE TRANSFERRED TO THE APPROPRIATE PERSON.

IF YOU NEED TO REFER A PATIENT OUTSIDE THE NORMAL RECEIVING HOURS FOR ONE OF OUR SPECIALTY SERVICES, THE FIRST AVAILABLE DOCTOR WILL ADMIT YOUR CASE. IF YOU WISH THE CASE TO BE TRANSFERRED TO A SPECIALIST AFTER THE PATIENT IS STABILIZED, PLEASE NOTE THAT ON OUR REFERRAL FORM. A SPECIALIST WILL THEN PICK UP THE CASE IN THE MORNING OF THE NEXT BUSINESS DAY.

IF YOU WISH TO TRANSFER A CASE TO OUR FACILITY FOR 24-HOUR CARE, YOUR CLIENT WILL SEE THE FIRST AVAILABLE DOCTOR BEFORE BEING ADMITTED TO THE HOSPITAL. CASES WILL THEN BE TRANSFERRED TO THE APPROPRIATE SERVICE. THE DOCTORS AT **VETERINARY SPECIALTY & EMERGENCY CARE** WORK AS A TEAM TO PROVIDE THE BEST POSSIBLE CARE FOR YOUR PATIENTS.



WHEN REFERRING A CASE TO **VETERINARY SPECIALTY AND EMERGENCY CARE**, PLEASE HAVE YOUR CLIENT BRING ALL PERTINENT RECORDS, LABORATORY TESTS AND RADIOGRAPHS WITH THEM TO THEIR APPOINTMENT. YOU CAN ALSO FAX OR EMAIL THE RECORDS AHEAD OF TIME VIA EMAIL (INFO-WEST@VSECINDY.COM).