



**VETERINARY SPECIALTY
AND EMERGENCY CARE**



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: _____

CITY: _____ STATE: _____ ZIP: _____

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):

_____ THERIOGENOLOGY (WYNNE COLLINS, MVB, PHD)

_____ EMERGENCY/CRITICAL CARE

_____ OTHER (PLEASE SPECIFY): _____

CASE HISTORY (INCLUDE ADDITIONAL PAGES IF NEEDED): _____

***PLEASE SEND A COPY OF ANY RECENT DIAGNOSTIC TEST RESULTS.**

LIST ANY KNOWN ALLERGIES TO MEDICATIONS: _____

RADIOGRAPHS? YES NO E-MAILED SENT WITH CLIENT

REFERRING HOSPITAL: _____ REFERRING DVM: _____

PHONE: _____ FAX: _____ EMAIL: _____

PREFERRED METHOD OF CONTACT: PHONE FAX EMAIL

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

DO YOU NEED MORE REFERRAL FORMS? YES NO

DO YOU NEED MORE BROCHURES? YES NO

HOW TO REFER A CASE

DURING THE HOURS OF 8:00 AM TO 4:00 PM, MONDAY THROUGH FRIDAY, PLEASE TRY TO PHONE AND SPEAK DIRECTLY TO THE ATTENDING DVM. IF THEY ARE NOT AVAILABLE AND IT IS NOT AN EMERGENCY, PLEASE LEAVE A MESSAGE AND WE WILL MAKE EVERY ATTEMPT TO CONTACT YOU THE SAME DAY. IF YOU HAVE AN EMERGENCY, PLEASE CONTACT THE FRONT DESK AND ALERT THE CLIENT SERVICE REPRESENTATIVE THAT YOU ARE A REFERRING VETERINARIAN WITH A CASE IN NEED OF IMMEDIATE CARE.

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.



6136 CRAWFORDSVILLE ROAD, INDIANAPOLIS, IN 46224 (317) 491-1900

WHEN REFERRING A CASE TO **VETERINARY SPECIALTY & 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.

FAX: (317) 491-1801 OR INFO-WEST@VSECINDY.COM