

**VERMONT VETERINARY SURGICAL
CENTER**

35 CLAY POINT ROAD - COLCHESTER VT 05446
Phone: (802) 893-8333
www.vtvetsurgery.com

Referral Form

Fax completed form to 802-893-8338

Referring Veterinarian _____ Hospital _____

Address _____

Phone _____ Fax _____ E-mail _____

Client's Name _____

Address _____

Phone (Home) _____ (Work) _____ (Cell) _____

Patient's Name _____ Breed _____ Age _____

Sex: Male Female Spayed or Neutered: Yes No

Are vaccinations current? Yes No

****Rabies vaccine must be current for referral to VVSC**

Presenting Complaint: _____

Pertinent History: _____

Current Medications: (Please include dosages) * _____

Is current blood work available? Yes No

****Please fax pertinent laboratory data with this form.**

Have radiographs been taken? Yes No

****Please send radiographs or digital images with the client.**