



Internal Use Only

Client ID: _____
<input type="checkbox"/> Copy of DL
<input type="checkbox"/> Form Completed
<input type="checkbox"/> Scanned
<input type="checkbox"/> Medical Hx Received If no, PT created
Initials: _____

REFERRAL FORM

Owner/Agent Information

First Name: _____ Last Name: _____
 Address: _____ Apt #: _____ City/State/Zip: _____
 Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____
 Email Address: _____
 In case of emergency, contact: _____ Phone #: _____

Please provide our receptionists with a copy of your drivers license.

Patient Information

Pet Name: _____ Species: _____ Breed: _____
 Color: _____ Birthdate: _____ Age: _____ Sex: _____
 Vaccinated within the last year? Yes No Spayed/Neutered? Yes No
 Do you have insurance for you pet(s)? Yes No If yes, name of insurance: _____

Current Veterinarian

Veterinarian Name: _____ Animal Hospital Name: _____
 Did your veterinarian refer you to us? Yes No

I do not have a current veterinarian. Initial:

Have you visited our website? Yes No

How did you hear about us?

Current Veterinarian/Doctor	Saw us in a magazine or on television	Yelp
Self-Referral	Internet	Mailer
Other:		Drove By

I, the undersigned owner/agent, hereby acknowledge that the care furnished by Calusa Veterinary Center will be limited to emergency treatment or specialized medicine only and that it will be necessary to return to my own veterinarian for continued treatment. I hereby authorize all treatment, including surgery and the administration of anesthetics which the veterinarians deem necessary. I further understand that I am responsible for all professional fees, including fees for medicine, surgical procedures and other fees associated with my pet. If my pet is hospitalized, a deposit of 50-100% of the estimate will be required at the time of admittance, with the balance due at discharge. I also understand that my failure to pick up my pet as agreed upon will empower Calusa Veterinary Center to remove my pet, at my expense, by any means possible. By signing below, I acknowledge that I am at least 18 years of age and am taking complete responsibility for paying all fees.

Signature: _____ Date: _____

PLEASE SIGN THE BACK OF THE FORM



CALUSA
VETERINARY
CENTER



What is a referral?

A referral is a recommendation from your regular veterinarian to seek further care from a specialist or on an emergency basis.

Why do I need a referral?

We work hand in hand with your veterinarian to take care of your pet's health. The relationships that we have with community veterinarians is based on a referral system. Our practice is unique and includes a general practice, emergency, and a referral center. If your current veterinarian feels that your pet's health condition needs to be evaluated by one of our specialists, they can refer you to us. Any findings, test results, and/or treatments will be reported to your veterinarian on a daily basis. We will ask you to return to your veterinarian for the future care of your pet. This is to preserve the special relationship you and your veterinarian have with Calusa Veterinary Center.

What if I do not have a regular veterinarian?

We do handle general health visits and provide wellness services only for new clients that have not been seen here on a referral basis.

All referred clients must understand that they are being referred to Calusa Veterinary Center for specialty services by their current veterinarian and that it is customary that they return to their referring doctor for the continued care of their pet. Calusa Veterinary Center cannot accept them as a client for general practice care while the pet is a patient of the referring doctor who referred them.

Payment Policies

A written estimate/treatment plan can be provided for your pet today upon request. All professional fees are due at the time services are rendered. We accept the following forms of payment: Cash, Personal Check, Visa, MasterCard, American Express, Discover and CareCredit.

Any delinquent accounts deemed uncollectible may be sent to a collection agency or attorney for recovery of the balance owed plus reasonable collection and/or court costs, attorney's fees, interest, and/or billing fees. A \$6.00 billing fee will be applied to overdue accounts. A bank fee of \$35.00 will be charged on returned checks.

I have read and understand the above information.

Signature:

Date:

Office Use Only: