



REFERRAL FORM

Phone: 520-795-9955

Fax: 520-795-9960

www.vscot.com

Behavioral Medicine

Gail D. Stevenson, DVM
Practice Limited to Pet Behavior

Dermatology

Cindi Donnelly, DVM
Diplomate ACVD

**Diagnostic Imaging
(Ultrasound/CT/MRI)**

Bunita M. Eichelberger, DVM, MS
Diplomate ACVR

Michael E. Roy, DVM, MS
Diplomate ACVR

Emergency/Critical Care

Heather E. Connally, MS, DVM
Diplomate ACVECC

Danielle M. Babski, DVM
Diplomate ACVECC

*Michelle A. Fuks, DVM
Practice Limited to Emergency
& Critical Care*

Dimitri B. Brown, DVM
Nicole M. Keaner, DVM, MS
Elizabeth C. Williams, DVM
Sherri A. Wynn, DVM

Integrative Medicine

Katie Bockstedt, DVM
Certified Veterinary Acupuncturist

Internal Medicine

Sallianne J. Schlacks, DVM
Practice Limited to Internal Medicine

Neurology/Neurosurgery

Cody J. Alcott, DVM
*Practice Limited to
Neurology/Neurosurgery
Diplomate ACVIM (Equine Medicine)*

Ophthalmology

Melissa A. Kubai, DVM, MS
Diplomate ACVO

**Radioactive Iodine 131
Therapy for Feline
Hyperthyroidism**

Michael E. Roy, DVM, MS
Diplomate ACVR

Rehabilitation Therapy

Sherri Jerzyk, CCRA

Surgery

James P. Boulay, DVM, MS
Diplomate ACVS

Barbara R. Gores, DVM
Diplomate ACVS

*Douglas A. Rohn, DVM
Diplomate ACVS*

*Andrew R. Goodman, DVM
Diplomate ACVS*

*JT Walker, DVM, MS
Diplomate ACVS*

**Theriogenology
(Reproductive Medicine)**

Joann Randall, DVM
Diplomate ACT

**Valley Fever Center
For Excellence**

Lisa F. Shubitz, DVM

Owner's Name: _____ (please print) Pet's Name: _____

Referring Clinic: _____ Phone: _____ Referring Veterinarian: _____

Reason for referral: _____

PLEASE DO NOT FEED YOUR ANIMAL FOR 12 HOURS PRIOR TO YOUR APPOINTMENT

Please remember to bring: lab work, radiographs, all previous medications, and this referral form.

NOTES

