PetCure ONCOLOGY
Revolutionizing treatment, humanizing care.

VETERINARY RADIOSURGERY & IMAGING CENTER

PetCure Oncology at Veterinary Radiosurgery and Imaging Center (VRIC) – Referral Form

Veterinarian's Name	Date
Hospital Name	Owner's Name
Address	Owner's Phone Number
City	Owner's Address
State Zip	Patient's Name
Telephone ( )	Breed
Fax ( )	Body Weight: (lbs/kg)
DVM E-mail:	Sex: FS ☐ FI ☐ MN ☐ MI ☐ Age:

Patient's pertinent laboratory, historical and physical exam findings

Historical Summary_____

_____

_____

Current Medications:_____

Previous anesthetic complications: _____

Minimum medical database requested

Please provide copies of RECENT test results.

CBC ☐ Chem Screen ☐ T4 ☐ Urinalysis ☐

Thoracic radiographs ☐ US results ☐ Coag and CBC, if biopsy requested ☐

Study Type

Please contact our staff prior to referral for imaging if you have any questions regarding the imaging method of choice and/or estimates

Anatomical Region(s) to Scan: _____

CT Scan ☐ MRI ☐ US ☐

Goal of study (primary rule outs, etc.):_____

Biopsy or FNA, if possible ☐