

All pets treated at the Animal Cancer Center of Texas must have a referral. Remember, we only see patients with a definitive cancer diagnosis or a very high suspicion for cancer (ie. mass seen on ultrasound, bone lesion on radiographs).

Veterinarian Information			
Referring Veterinarian	Hospital Phone	Hospital Fax	Hospital Email
Hospital Name	How do you prefer your records?	Email Fax Both	

	Patient Information	
Patient Name	Age/Birthdate	Breed
□ □ Canine Feline	□ □ Male Female	□ □ Neutered Spayed

Client Information			
Client Name	Alternate Client Name	Client Phone	Alternate Client Phone
Client email	Client Address		

## Please fill out the following information regarding the patient's evaluation and diagnosis:

Diagnosis:\_\_\_\_\_

**Referral Status:** 

- □ Expedited Referral
- Standard Referral

Current Medications:

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Cytology/FNA	Radiographs
Histopathology	Ultrasound
Surgery/excision	CT scan
Bloodwork/UA	MRI
Molecular tests (ie. BRAF, OncoKP, Nu.Q, etc	

How can we fulfill the expectations for you and your client? (check all that apply)

- □ Consultation only
- Consultation and perform any necessary staging and treatments
- □ Consultation and staging but prefer surgery to be done at our hospital (if recommended)
- $\hfill \square$  Palliative care only
- Other\_\_\_\_\_

Please email this form along with all medical records,

test results, and images to <u>info@acctpets.com</u>

Thank you for your referral. Once this is received, the ACCT reception team will reach out to your client to schedule a consultation.

Please contact our staff with any questions or concerns for your patients and clients.

www.acctpets.com



