Please indicate if you have instructed the client to call the UCVMC-SD, or if you would like us to call them:

❑ I have asked the client to call the UCVMC-SD
❑ Please call the client for an appointment

Date: ________________________________
Patient name: _________________________
Client contact information: ____________________________
Referred by Dr.: _________________________
Clinic name: ___________________________
Phone: ________________________________

Please indicate the level of communication you prefer on this case:

❑ Phone call when significant event occurs, i.e., a diagnosis is made, patient condition changes, etc.
❑ Communication by e-mail is acceptable. My e-mail address is ____________________________
❑ Written case summary is all I need

Case history including duration of illness, signs observed, laboratory results, radiographic results (include radiographs), surgical/medical treatment received, immunizations diet, etc.

________________________________________________________________________________________
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Suggestions, expectations and comments by Referring Veterinarians:

________________________________________________________________________________________
________________________________________________________________________________________
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________________________________________________________________________________________

Please email this form and all records, diagnostic results, and images to: kidneyvet@ucdavis.edu
This email is just for receiving referral form and records
Please call the UCVMC-SD for an appointment: (858) 875-7505
Dear Client,

As you plan your visit to the University of California Veterinary Medical Center- San Diego (UCVMC-SD), please keep these things in mind:

• You should anticipate spending at least 2 hours at the clinic for your appointment. At your appointment, you will be greeted by a technician who will take a history and perform a physical examination. Please give any information from your primary veterinarian to the technician as soon as you enter the room. Doctor will then review your pet’s physical examination and discuss our recommendations. Any tests that can be performed on the day of your appointment will be performed.

• In the chance that urine will be needed for diagnostics, please do not let your pet pee prior to the visit. We also recommend fasting your pet if any imagining diagnostics (ultrasound) are anticipated.

• Full payment for services is required at the end of your visit. The UCVMC-SD accepts cash, Visa, MasterCard, Discover, American Express and CareCredit. Checks are NOT accepted. For any surgical visits or hospitalization, a deposit is required at the time of drop off. An estimate will be provided for any services.

• The front desk staff can provide you with a copy of your pet’s medical record as soon as it has been fully reviewed by your doctor (generally within 7-10 days).

If possible, before coming to the UCVMC-SD, we recommend that you visit us online at: https://ucvmcsd.vetmed.ucdavis.edu where more information on how to prepare for your visit and what to expect when you get here can be found.