



REFERRAL FORM

Phone: 520-795-9955

Fax: 520-795-9960

[www.vscot.com](http://www.vscot.com)

Behavioral Medicine

Gail D. Stevenson, DVM  
Practice Limited to Pet  
Behavior

Internal Medicine

Michael E. Matz, DVM  
Diplomate ACVIM

Robert J. Vasilopoulos, DVM, MS  
Diplomate ACVIM

Surgery

James P. Boulay, DVM, MS  
Diplomate ACVS

Barbara R. Gores, DVM  
Diplomate ACVS

Sharon L. Shields, DVM  
Diplomate ACVS

Dentistry/Oral Surgery

Celeste G. Roy, DVM  
Diplomate AVDC

Neurology/Neurosurgery

Peter N. Gordon, DVM  
Diplomate ACVIM (Neurology)

Radiology

Michael E. Roy, DVM, MS  
Diplomate ACVR

Dermatology

Cindi Donnelly, DVM  
Diplomate ACVD

Ophthalmology

Caroline Betbeze, DVM, MS  
Diplomate ACVO

Valley Fever Center  
For Excellence

Lisa F. Shubitz, DVM

Emergency/Critical Care

Stacy R. Armstrong, DVM  
Diplomate ACVECC

Heather E. Connally, MS, DVM  
Diplomate ACVECC

Nancy L. Beeunas, DVM

Christina L. Bejarano, DVM

Owner's Name: \_\_\_\_\_ (please print) Pet's Name: \_\_\_\_\_

Referring Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_ Referring Veterinarian: \_\_\_\_\_

Reason for referral: \_\_\_\_\_  
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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.

