



REFERRAL FORM

Phone: 520-795-9955

Fax: 520-795-9960

www.vscot.com

Behavioral Medicine

Gail D. Stevenson, DVM
Practice Limited to Pet
Behavior

Dentistry/Oral Surgery

Celeste G. Roy, DVM
Diplomate AVDC

Dermatology

Cindi Donnelly, DVM
Diplomate ACVD

Emergency/Critical Care

Heather E. Connally, MS, DVM
Diplomate ACVECC

Danielle M. Babski, DVM
Residency Trained in Emergency
& Critical Care

Dimitri B. Brown, DVM
Director of Emergency Services

Christina L. Bejarano, DVM

Internal Medicine

Michael E. Matz, DVM
Diplomate ACVIM

Robert J. Vasilopoulos, DVM, MS
Diplomate ACVIM

Neurology/Neurosurgery

Peter N. Gordon, DVM
Diplomate ACVIM (Neurology)

Oncology

Anna Szivek, DVM
Diplomate ACVIM (Oncology)

Ophthalmology

Caroline Betbeze, DVM, MS
Diplomate ACVO

**Valley Fever Center
For Excellence**

Lisa F. Shubitz, DVM

Surgery

James P. Boulay, DVM, MS
Diplomate ACVS

Barbara R. Gores, DVM
Diplomate ACVS

Sharon L. Shields, DVM
Diplomate ACVS

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

Michael E. Roy, DVM, MS
Diplomate ACVR

**Radiation Iodine 131
Therapy for Feline
Hyperthyroidism**

Michael E. Roy, DVM, MS
Diplomate ACVR

Michael E. Matz, DVM
Diplomate ACVIM

Robert J. Vasilopoulos, DVM, MS
Diplomate ACVIM

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.

