

REFERRAL FACILITY INFORMATION
Which species do you see? <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:
Which specialties do you offer?
AVAILABILITY & EMERGENCY CARE
What is your operating schedule?
Does it include coverage for <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays:
How far out are you scheduling appointments?
Do you see any patients on an emergency/urgent basis? <input type="checkbox"/> No <input type="checkbox"/> Yes:
If so, what is your preferred protocol for referring an emergency?
COMMUNICATION
Preferred methods of communication? <input type="checkbox"/> Phone: <input type="checkbox"/> Text:
Email:
Do you have a referral coordinator? <input type="checkbox"/> No <input type="checkbox"/> Yes, name:
How do you communicate with referring practices about mutual patients during and after a referral?
SERVICES
Do you offer any testing on an outpatient basis (hearing testing, ultrasounds, etc)?
Do you offer phone consultations with veterinarians for cases where referral may not be possible? <input type="checkbox"/> No <input type="checkbox"/> Yes, fee:
Do you offer any telehealth services? <input type="checkbox"/> No <input type="checkbox"/> Yes:
Do you offer any mobile services? <input type="checkbox"/> No <input type="checkbox"/> Yes:
FINANCIAL & POLICIES
What are your financing options?
Do you offer a professional discount for our employees' pets? <input type="checkbox"/> No <input type="checkbox"/> Yes:
How can we make the referral process to your facility run more smoothly?