



AKRON VETERINARY REFERRAL AND EMERGENCY CENTER

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Akron Veterinary Surgical Associates

H. Rodney Ferguson
DVM, MS, Ph.D., DACVS

Lawrence W. Anson
DVM, DACVS

James C. Vogt
DVM, DACVS

Akron Veterinary Emergency Service

Laura A. Quinn
DVM

Wendy J. Kollar
DVM

Leyla S. Wirth
DVM

Vet-Rad

Bennett D. Fagin
DVM, DACVR

William J. Weber
DVM, DACVS, DACVR

Marianna Schafer
DVM, DACVR

Kathy Gelatt-Nicholson
DVM, DACVR

Executive Director

Shaun W. McWilliams

Date _____ Patient _____

Owner _____ Species _____

Address _____ Breed _____

City/State _____ Sex/Age _____

Zip _____ Referred to: _____

Home Phone (____) _____ Surgery _____

Work Phone (____) _____ Ext. _____ Radiology _____ ER _____

Problem: _____

Duration of clinical signs: _____

Summary of pertinent medical history (most recent and prior):

Tentative diagnosis: _____

Treatment to this point:

Please call for an appointment. Also, if available, please furnish copies of pertinent laboratory tests and radiographs to avoid a costly and unnecessary duplication of client services. All vaccinations for the referred patient should be current.

Referring veterinarian _____

Hospital name _____

Street Address _____

City/State/Zip _____

Phone/Fax _____

SEND MORE REFERRAL FORMS? _____
SEND MORE MAPS? _____