



AKRON VETERINARY REFERRAL AND EMERGENCY CENTER
 1321 Centerview Circle P. O. Box 4369
 Phone: (330) 665-4996 Fax: (330) 665-5972

VETERINARY PRACTICE RESOURCE INFORMATION PROFILE

Hospital/Practice Name: _____

Address (locations)	City, State, Zip	Phone	Fax

Doctor(s) Name (#'s for emergency use only)	Pager	Cell	Home
Practice Manager:			

Hospital/Practice Hours:

Sunday: _____ Monday: _____
 Tuesday: _____ Wednesday: _____
 Thursday: _____ Friday: _____
 Saturday: _____

Doctor Hours:

Sunday: _____ Monday: _____
 Tuesday: _____ Wednesday: _____
 Thursday: _____ Friday: _____
 Saturday: _____

May we call after hours if we have a question about one of your patients? Yes No #: _____

If yes, are there hours we should refrain from calling? (i.e. midnight to 7 a.m., holidays, etc.) _____

Is there anyone who could admit a patient outside of hospital hours? Yes No

If so, when? _____

Is your hospital open on holidays? Yes No Varies

Please indicate which procedures your office is equipped to handle.

Cardiac Work Up

Herniated Disc

Endoscopies

Fractured Leg

Hematological Disorders

Ultrasonography

GI Foreign Bodies

Splenic Masses/Ruptures

Fractured Pelvis

Please list any procedures/surgeries you would most like directly referred to us:

What species does your hospital/practice take?

Dogs

Birds

Swine

Cats

Pocket Pets

Sheep

Reptiles

Horses

Pot Bellied Pigs

Fish

Cattle

Other: _____

When your doctors are unavailable for an extended period of time (e.g., vacations, seminars, illness, etc.)

what provisions are in place for your patients being discharged from AVREC?

If the client does not want to return to your hospital/practice for some reason, how would you like this handled?

Please list any other hospitals/practices in your group:

Do you see your own emergencies at your hospital/practice?

Yes No If Yes, Explain: _____

Please add any other comments that would help us assist you.

Yes, I would like to request the following:

- Please add us to AVREC's mailing list
- A visit from an AVREC staff member to learn more about available services
- To schedule an appointment with one of the AVREC doctors:

- Requesting doctor's name: _____

- AVREC doctor to be scheduled: _____

- Primary interest in scheduling an appointment:

- To schedule a tour of AVREC
- Please add our email address to your records for non-urgent correspondence:
email us at: _____

Are there specialty areas for which you have difficulty finding someone when you need to refer? If yes, please explain.

Thank you for taking the time to complete.

We will keep this information on file and utilize it to better serve you and your patients.

If you have any questions, please do not hesitate to call us at (330)-665-4996 or email at info@akronvet.com

Person completing this form: _____ Date: _____