



120 Dillard Road, Madison Heights, VA 24572
434-218-7070

Referral Acknowledgment Form

Client Name: _____

Pet Name(s): _____

Referring Veterinary Practice: _____

Referred Service at Oak Hill: _____

Oak Hill Veterinary Care has been honored to receive a referral for your pet's care for the above-noted service(s). We want to make it clear that this referral is for a specific service only and is not an attempt to transfer your ongoing veterinary care from your primary veterinary provider.

We value the importance of the veterinary-client-patient relationship and are committed to supporting your primary veterinarian in the care of your pet. Upon completion of the services rendered at Oak Hill Veterinary Care, all medical records and treatment summaries will be sent back to your primary veterinary office. We strongly encourage you to return to your regular veterinarian for continued and follow-up care.

Please sign below to acknowledge that you understand and agree to the purpose and limitations of this referral.

Client Acknowledgment:

I understand that I have been referred to Oak Hill Veterinary Care for a specific service and that my primary veterinary clinic remains my main provider for all other ongoing care.

Client Signature: _____

Date: _____

Oak Hill Staff Initials: _____