



REFERRAL AGREEMENT

Please read in its entirety, this contract is binding. Please check each box to indicate your acceptance of each Term and Condition.

PURPOSE OF REFERRAL: YOU HAVE BEEN REFERRED TO CREEKSIDE VETERINARY HOSPITAL & REFERRAL CENTER (CVHRC) AS AN EXTENSION OF YOUR PRIMARY VETERINARIAN'S CARE. A referral from the Animal Emergency Center of the Quad Cities is considered an extension of your primary care veterinarian. You have been referred here because your pet's condition requires additional diagnostics or treatments than those offered from your primary care veterinarian. Your pet may have already undergone testing or received initial treatment(s) prior to this referral.

FOR MEDICAL REVIEW AND TREATMENT: ONE OF CREEKSIDE'S VETERINARIANS WILL REVIEW YOUR PET'S MEDICAL HISTORY, INCLUDING THE MOST RECENT TESTS AND TREATMENTS GIVEN, AND MAKE RECOMMENDATIONS SPECIFIC TO YOUR PET REFERRED CONDITION. We will proceed with diagnostic testing and treatment only as needed to address the referred condition to ensure your pet receives the best possible care. Some test may need to be repeated because of the dynamic changes in the body.

☐ I agree to terms & conditions

COMMUNICATION WITH PRIMARY CARE VETERINARIAN: A REPORT WILL BE SENT TO YOUR PRIMARY CARE VETERINARIAN (VIA EMAIL/FAX) ONCE YOUR PET'S CASE IS COMPLETED OR AT AN APPROPRIATE POINT WHEN HE/SHE NEEDS TO BE ADVISED OF TREATMENT. This ensures your primary care veterinarian remains informed and prepared to resume your pet's ongoing and routine care. Some conditions can be managed by your pet's preventative care veterinarian.

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FUTURE APPOINTMENTS: AS A REFERRAL CLIENT, YOU AGREE THAT ANY FUTURE VISITS UNRELATED TO THIS SPECIFIC REFERRED CONDITION MUST BE SEEN BY YOUR PRIMARY CARE VETERINARIAN. Any new complex condition would require a new referral for your pet to be evaluated. Creekside Veterinary Hospital & Referral Center will only provide diagnostic and treatment services related to the referred condition and will not provide routine care, preventative medicine, or general wellness services for this pet.

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ACKNOWLEDGEMENT & FINANCIAL RESPONSIBILITY: BY SIGNING BELOW, I ACKNOWLEDGE AND AGREE THAT:

- My pet has been referred to Creekside Veterinary Hospital & Referral Center for a specific problem by my primary care veterinarian or, by extension, the Animal Emergency Center of the Quad Cities.
- My pet will remain under the care of my primary veterinarian for all routine health care, vaccinations, wellness exams, and unrelated medical concerns.
- I also understand all payments are due at the time services are performed or products are received. A monetary deposit may be necessary before beginning some procedures.

Signature:

Date:
