North Carolina Veterinary Medical Board

Agreement for Referral of Services

This agreement is to verify that “Receiving Practice” agrees to accept referrals from “Referring Practice” for the listed services.

1. **Services being referred:**
   - Hospitalization: ___
   - Radiology: ___
   - Emergency: ___

2. **“Referring Practice”**
   - Practice Name: __________________________________________________________
   - Location: _________________________________________________________________
   - Practice Owner: __________________________________________________________
     Practice Owner Signature:__________________________________________________

3. **“Receiving Practice”**
   - Practice Name: __________________________________________________________
   - Location: _________________________________________________________________
   - Practice Owner: __________________________________________________________
     Practice Owner Signature:__________________________________________________

   Today’s Date: __________________________

   Expiration Date*:________________________

   *If left blank, agreement will expire when either practice changes ownership.

Mail to: NCVMB, 1611 Jones Franklin Rd., Suite 106, Raleigh, NC 27606