

# 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: \_\_\_\_\_  
Please print

Practice Owner Signature: \_\_\_\_\_

### 3. "Receiving Practice"

Practice Name: \_\_\_\_\_

Location: \_\_\_\_\_

Practice Owner: \_\_\_\_\_  
Please print

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