



MEDICAL DIRECTOR

Suzanne Dempsey, DVM, DACVECC

HOSPITAL ADMINISTRATOR

Donna Steckley

PRACTICE MANAGER

Jill Turner

CARDIOLOGY

Megan King, VMD, DACVIM (Cardiology)

CLINICAL PATHOLOGY

Raquel Walton, VMD, PhD, DACVP

INTERNAL MEDICINE

Jennifer Adler MSc, VMD, ACVIM (SAIM)
Jessica Midence, DVM, DACVIM (SAIM)

NEUROLOGY

Ed Darrin, VMD, DACVIM (Neurology)

ONCOLOGY

Jennifer Baez, VMD, DACVIM (Oncology & SAIM)
Beth Overley, VMD, DACVIM (Oncology)

OPHTHALMOLOGY

Martha Low, DVM, DACVO

DIAGNOSTIC IMAGING

Jessica Basseches, DVM, DACVR
Matt Gutman, DVM, DACVR

SURGERY

David Puerto, DVM, DACVS
Stephanie Rosenheck, DVM, DACVS

CRITICAL CARE

Gary Puglia, DVM, DACVECC

EMERGENCY

Michelle Beehler, DVM
Morgan Callahan, VMD
Karlin Erk, VMD
Jessie Ann Fejes, VMD
Christiana Fischer, VMD
Jessica Fragola, VMD
Tim Geis, DVM
Molly Maurer, VMD
Jason Palaigos, VMD
Jennifer Wintergrass, DVM



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WWW.VETCARES.COM

Referring Doctor's Name: _____

Referring Doctor's Practice: _____

Service Requested (Circle one):

Cardiology

Surgery

Oncology

Internal Medicine

Emergency & Critical Care

Neurology

Diagnostic Imaging

Ophthalmology

Practice Contact Information

Phone Number: _____ Fax Number: _____

E-mail: _____

Client & Pet Information

Client Name: _____

Pet Name: _____ Species (Circle one): Canine Feline

Spayed or Neutered? Yes / No Male or Female: Yes / No Weight: _____

Age/DOB: _____ Breed: _____

Reason for Referral: _____

History: _____

Diagnostics Performed: _____

Please send all diagnostic imaging to vetcars@gmail.com or our server directly.
Medical records can be e-mailed as well or faxed to (215) 750-3623.

Previous Treatments - Please indicate medications, doses, and dates!
