



Metropolitan Veterinary Hospital

1053 S. Cleveland-Massillon Rd.
Akron, OH 44321-1689
Phone: 330.666.2976
Fax: 330.666.0519
www.metropolitanvet.com

Oncology Department
Phone: 330.670.2351
Fax: 330.670.2375

Rance Gambelin, DACVIM (Onco)
Amanda Elpiner, DACVIM (Onco)

Internal Medicine
Phone: 330.670.2351
Fax: 330.670.2375

Greg Chambers, DACVIM (SAIM)
Julie Stanton, DACVIM (SAIM)
Sarah Perdion, DVM
Practice Limited to IM
Patty Thalhofer, DVM
Practice Limited to IM
Stephen Dilday, DVM, IMR

Exotics Department
Phone: 1.877.NC XOTIC
(877.629.6842)

Gary Riggs, DABVP
Jordan Adair, DVM
Emily Velez, DVM
ABVP Reptile & Amphibian
Resident
Cassandra Allen, DVM

Cardiology Department
Phone: 330.670.2376

Lori Hitchcock, DACVIM (Cardio)
Michelle Villalba, DACVIM
(Cardio)

Surgery Department
Phone: 330.670.2358

Sheldon Padgett, DACVS
R. Mark Daye, DACVS
Josh Collins, DACVS (SA)
Christina Cocca, DACVS (SA)
Marcos Santos, DACVS-LA (SF)
Brittany Cortina, DVM, SR
Matt MacCormick, DVM, SR

Neurology Department
Phone: 330.670.2358

Brie Mauser, DACVIM (Neuro)
Chloe Karson, DVM, NR

Ophthalmology Department
Phone: 330.666.2976

Elizabeth Fazio-Schaefer, DACVO

Critical Care Department
Phone: 330-666-2976
Tim Sherer, DACVECC

Emergency Department
Phone: 330.666.2976

Matthew Ehresman, DVM
Laura Fox, DVM
Keriann Hurst, DVM
Brittany Lambur, DVM
Denise Baltic, DVM
Alexandria Beery, DVM
Rebecca Schwarze, DVM
Symmantha Page, DVM
Dr. Danielle Achiardi, DVM
Dr. Nicolette Margiotta, DVM

The Cat Company
Phone: 330.664.6505

Tom Mann, DABVP (Feline)

Referral Form

Please Specify Specialist _____

Today's Date _____

Owner _____ Pet's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Species _____ Breed _____ Age _____ Sex _____

Vaccine History _____

Past Pertinent History _____

Present Problem _____

Past Treatment _____

Current Medications - indicate dose & duration _____

Diagnostic Materials Being Sent _____

Referring Dr. & Clinic _____

Address _____

Phone _____ Fax _____ E-Mail _____

Please send records electronically via our Referring Veterinarian Online Portal or with the owners.

Thank You!