



ANIMAL EMERGENCY AND REFERRAL CENTER

3984 South U.S. Highway 1 • Fort Pierce, FL 34982

Phone (772) 466-3441 • Fax (772) 466-0206

www.animalemergency.net

A TRUE 24 HOUR
EMERGENCY AND
CRITICAL CARE
HOSPITAL

VETERINARY REFERRAL FORM

DATE _____

REFERRING VETERINARIAN INFORMATION

NAME: _____

HOSPITAL: _____

ADDRESS: _____

CITY _____ STATE/ZIP _____

TELEPHONE _____ FAX _____

CLIENT INFORMATION

NAME: _____

TELEPHONE _____ CELL PHONE _____

OTHER CONTACT INFORMATION _____

PATIENT INFORMATION

NAME: _____

SPECIES _____ BREED _____ SEX _____ AGE _____

SPECIAL PRECAUTIONS OR CONSIDERATIONS _____

PRESENTING COMPLAINT _____

MEDICAL HISTORY (*Please provide a copy of original records.*) _____

PHYSICAL EXAM FINDINGS _____

Please fax or send a copy with your client:

- Pertinent Laboratory Results (*including blood, urine, stool, biopsy*)
- Radiographs (*These will be returned to you with the client.*)
- CT / MRI / Ultrasound Reports
- Current Drug Therapy
- Allergy Information
- Information relative to previous medical surgeries
- Any Other Pertinent Information Regarding Genetic Disease, Diet, Behavioral Changes, Exposure to Toxins

CLIENT INSTRUCTIONS: Please arrive at least 15 minutes before appointment time to fill out necessary paperwork.

Please bring any medication the patient is currently taking, including home therapies. NO food 12 hours prior to the appointment. Water is OK. If the patient is a diabetic, continue to feed as normal instead.

Thank you for the referral. We will fax and mail you a copy of the hospital report after discharge. Please call us at (772) 466-3441 if you have any questions or wish to expedite an emergency referral.