



Date: _____

Client: _____ Home Phone: _____ Work Phone: _____

Patient: _____ Breed: _____ Species: Canine Feline

Sex: Female Male Spayed/Neutered Age: _____ DOB: _____ Weight: _____

Referring DVM: _____ Phone: _____ Fax: _____

Referring Clinic: _____ Email: _____

Preferred Contact Method: Phone Fax Mail Email

Referred to: Emergency Internal Medicine

Problem/Tentative Dx: _____

Brief Summary of History + Findings: _____

Laboratory Data: Attached Tests pending _____

Radiographs with client: CD Flat films None

Treatments/Medications: _____

<u>Medications Due</u>	<u>Dose/Route</u>	<u>Next Due</u>

Would you like to be called if there is a question or concern regarding the case? Yes No

Phone Number: _____ How late would you like to be called? _____

Thank you for your referral. Please do not hesitate to contact us with any questions or comments on this case.