



# Animal ER

Phone: 720-283-9348 Fax: 720-283-7276  
221 W. County Line Road, Littleton, CO 80129

## Patient Referral Form

Date: \_\_\_\_\_

Doctor: \_\_\_\_\_ Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

How do you want to be contacted?  Phone  Fax  Email  Mail

### Client Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Patient Information:

Name: \_\_\_\_\_ Species: \_\_\_\_\_ F SF M NM Age: \_\_\_\_\_

<b>Tentative Diagnosis</b>
<b>History and Physical Exam</b>
<b>Treatments Requested</b>
<i>(See treatment sheet on back)</i>
<b>Medications (last given)</b>
<b>Items accompanying patient:</b>
Lab Work <input type="checkbox"/> Radiographs <input type="checkbox"/> Fluids <input type="checkbox"/> Medications <input type="checkbox"/> Records <input type="checkbox"/> Other <input type="checkbox"/> _____

### IMPORTANT NOTE:

In recognition of changes in patient condition, client wishes and doctor evaluation, Animal ER reserves the right to change diagnostic or therapeutic plans for any patient when good clinical judgment dictates.



