

COLORADO VETERINARY SPECIALISTS

SERVING VETERINARIANS OF COLORADO AND THEIR CLIENTS

Emergency Room Release Preferences:

Call me at _____ AM PM
at () _____ for review

Call my office tomorrow for standard follow-up
Refer to CVS if necessary
Send client and patient to my office

Date: _____

Colorado Veterinary Specialists
Physical Therapy & Conditioning

Animal ER

Reproduction

Referring Veterinarian: _____

Clinic/Practice Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Telephone: () _____ Fax: () _____

Evening Telephone: () _____ E-mail address: _____

Preference for initial communications: Telephone Fax E-mail

Client Name: _____ Patient Name: _____

Address: _____ Phone: () _____

Canine Feline Other Breed: _____ Sex: M MN F FS Age: _____

Presenting Complaint:

History:

Physical Examination Findings:

Diagnostics Performed:

Differential Diagnosis/Reason for Referral: