

Veterinary Emergency & Specialty Center Referral Form



Date: _____

Surgery

Peter Schwarz, DVM, DACVS
Eric Hoots, DVM, DACVS

Internal Medicine

Valerie Case, DVM

Physical Therapy

Laura Hady, DVM, CCRP

Emergency - Albuquerque

Emergency - Santa Fe

Fax: 505-884-6679 (Albuquerque)

Fax: 505-984-8705 (Santa Fe)

Routine

Urgent

Symptoms: _____

OWNER INFORMATION:

Name _____

Telephone: h _____ w _____ m _____

Address _____

City _____ State _____ Zip Code _____

PATIENT INFORMATION:

Name _____ Species: _____ Weight _____

Breed _____ Age _____ Color _____ Sex _____

REFERRING VETERINARIAN INFORMATION:

DVM _____ Hospital _____

Telephone _____ Fax _____

Address _____

City _____ State _____ Zip Code _____

Pertinent History and Clinical Findings: _____

Treatment (including medications and dosages): Yes No _____

Request Diagnostics/Treatment: _____

Laboratory Data: (please attach copies of results)

Yes

No

Abnormalities

Radiographs: (films will be returned) Sent with Owner Mailed Dropped off at Clinic None