

# VETERINARY EMERGENCY & SPECIALTY CENTERS, LLC

*A New Vision in Advanced Animal Healthcare*

Patient Referral Form  
Fax: 505-338-3842



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

## Service to which Patient is being referred

Please Indicate:  Surgery  Internal Medicine  Neurology  Emergency Service  Physical Therapy

Status:  Emergency (Today/Tomorrow)  This Week  Next Available

Consult only. Please return patient to my office for diagnostic testing & treatment

Please manage the diagnostic testing and treatment at Veterinary Emergency & Specialty Centers

Referring Veterinarian \_\_\_\_\_ Hospital \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email address \_\_\_\_\_

How would you like to be contacted regarding patient?  Phone  Fax  Email  U.S. Mail

Client Name \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Patient Name \_\_\_\_\_  Canine:  Feline  Other Breed \_\_\_\_\_ DOB \_\_\_\_\_

Weight: \_\_\_\_\_ lbs Color: \_\_\_\_\_  Male  Neutered  Female  Spayed

Reason for Referral: \_\_\_\_\_

History: \_\_\_\_\_

Treatment (including medications, dosages and times given):  Yes  No \_\_\_\_\_

Request Diagnostics/Treatment: \_\_\_\_\_

Please Check:  Radiographs and/or other records sent with client  
 Radiographs and/or other records sent separately via email or fax  
 No Radiographs  
 Laboratory Data provided:  Yes  No

### For Internal Use: Referred patient appointment information

Doctor being seen: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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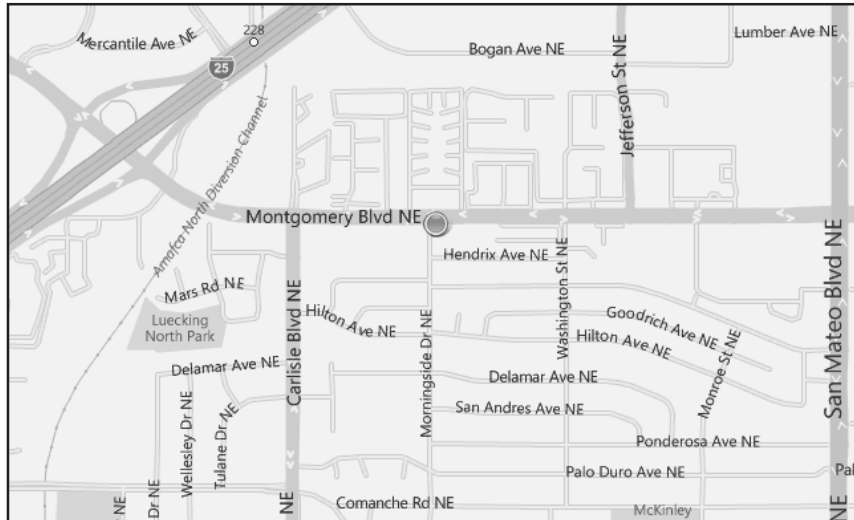
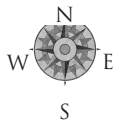
Veterinary Emergency & Specialty Centers is committed to providing comprehensive, high quality veterinary emergency and specialty care with emphasis on exceptional client service and superior patient care. We are committed to fostering mutually beneficial relationships with the veterinarians in the community by promoting timely and effective communication, excellent and empathetic client and patient care.

## Veterinary Emergency & Specialty Center of NM

4000 Montgomery Blvd, NE • Albuquerque, NM 87109

Albuquerque Animal Emergency Clinic: (505) 884-3433

Veterinary Specialty Center: (505) 883-8387 or toll free 1-866-838-7874

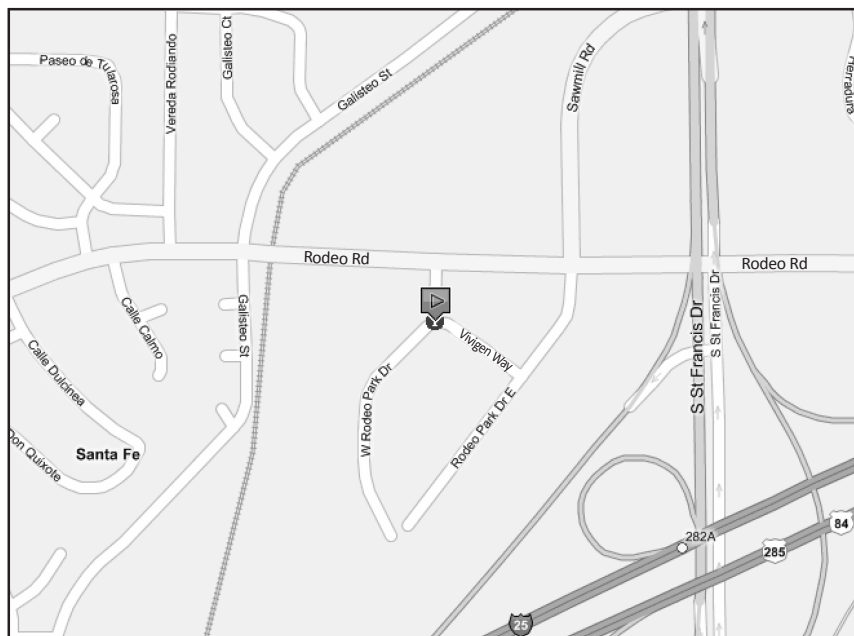
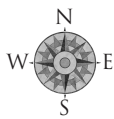


## Veterinary Emergency & Specialty Center of Santa Fe

2001 Vivigen Way • Santa Fe, NM 87505

Santa Fe Animal Emergency Clinic: (505) 984-0625

Veterinary Specialty Center: (505) 883-8387 or toll free 1-866-838-7874



Any questions or concerns, please contact Kathy Azar, Specialty Services Scheduler, at 505-883-8387 or [kathy@vescnm.com](mailto:kathy@vescnm.com)