



# Animal Emergency Hospital

1148 E. Bristol Rd, Burton, MI 48529

Ph. 810-238-7557

Fax. 810-238-8027

## REFERRAL / TRANSFER FORM

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

<b>Referring Veterinarian:</b> _____	
Hospital: _____	
Phone: _____	Fax: _____
<b>Owner:</b> _____	
Phone: _____	Cell: _____
<b>Patient:</b> _____	
Breed: _____	Species: _____
Sex: [M] [F]	Age: _____ Wt: _____

**Chief Concern / Tentative Diagnosis:**

\_\_\_\_\_

**History / Physical Exam Findings:**

\_\_\_\_\_  
\_\_\_\_\_

**Laboratory Data:**

\_\_\_\_\_ attached [ ]

**Radiographs:**

\_\_\_\_\_ enclosed [ ]

**Current Therapy & Medications (times given):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Requests / Comments:**

\_\_\_\_\_  
\_\_\_\_\_

*Prefer to be called after hours for any questions ?* [Yes] [No] Phone: \_\_\_\_\_