



PET EMERGENCY & SPECIALTY CENTER OF MARIN

REFERRAL FORM

Client Name: _____ Phone: _____ Date: _____
 Patient Name: _____ Species: _____ Breed: _____ Sex: _____ Age: _____
 Referring DVM: _____ Hospital: _____

Please attach medical record and any recent lab results / imaging consultation summaries.

Quick case summary:

Recent lab work: Yes No Idexx Antech Date: _____

Recent X-rays / ultrasound / other imaging: Yes No

Date _____ Views _____ Major Findings _____

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Current Medications:

Drug _____ Dose _____ Route _____ Time _____ am pm
 _____ _____ _____ _____ am pm

Medications given today:

Drug _____ Dose _____ Route _____ Time _____ am pm
 _____ _____ _____ _____ am pm

IV Catheter: Yes, date placed: _____ No Fluids: Yes No

Special Requests:

When would you like to be updated? _____ Phone: _____

Please add additional comments on the back or on a separate page.

If there is anything else we can do for you or your client, please do not hesitate to let us know! Thank you!

Pet Emergency & Specialty Center of Marin
 415-456-7372 · 415-457-6318 fax