



PET EMERGENCY  
TREATMENT SERVICE  
at 10th and University

## DIRECT REFERRAL FORM

<b>Client Name:</b> _____	<b>Phone:</b> _____	<b>Date:</b> _____		
<b>Patient Name:</b> _____	<b>Species:</b> _____	<b>Breed:</b> _____	<b>Sex:</b> _____	<b>Age:</b> _____
<b>Referring DVM:</b> _____	<b>Hospital:</b> _____			

**See attached Medical Record:**     Yes     No

**Quick case summary:**

**Recent lab work:**     Yes     No     Idexx     Antech    **Date:** \_\_\_\_\_

**Recent X-rays:**     Yes     No    **Comments:**

**IV Catheter:**     Yes, date placed: \_\_\_\_\_     No    **Fluids:**     Yes     No

**Medications given today:**

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

**Special Requests:**

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

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