

PENINSULA EMERGENCY VETERINARY CLINIC 1120 George Washington Memorial Highway, Yorktown, VA 23693

Phone: 757-874-8115 Fax: 757-595-3038 www.peninsulaemergencyvet.com

Direct Transfer/Referral Form

Referring Clinic and Doctor:			Date:		
Owner's Name:					
Address:		City:		State, Zip:	
Home Phone:		Cellular:			
Pet's Name:		Species:		Breed:	
Sex: Spay/Neuter:	Color/Markings:		Age:	Weight:	
Patient History:					
Diagnosis or Differential D	iagnosis:				
Diagnostics (Please attach a cop	oy of lab work and medical record	ds. IF this information	cannot be faxed	please send with client):	
Treatment Given (particularly in the last 24 hrs): IVC Placed: Gauge: Flui		ls:		Amount:	
IVC Placed:	_ Gauge: Fluids: _			Amount:	
IVC Placed:	Gauge: Fluids: Dose	Rou		Amount:	
IVC Placed:	_				
IVC Placed:	_				
IVC Placed:	_				
IVC Placed:	Dose	Rou	te	Time	

The Peninsula Emergency Veterinary Clinic is open 24 Hours a Day including Weekends and Holidays. To ensure the highest quality of care for your client, all patients will be seen according to the severity of their condition. Please inform your client to allow enough time for the doctor on duty to discuss their pet's care with them. Thank you for your continued support!