

PET EMERGENCY TREATMENT, INC
2320 EAST DOWLING
ANCHORAGE, ALASKA 99507
PHONE: 274-5636; FAX: 274-5133
REFERRAL FORM

Date: _____ Time: _____ am/pm

Referring veterinarian/clinic: _____

Animal's name: _____ species: _____

Breed: _____ wt: _____ age: _____ sex: _____

Owner's name: _____ address: _____

city: _____ zip: _____ telephone: _____

Would referring veterinarian like to be called with an update at home? _____ work only? _____

If referring clinic brings pet, the clinic will be charged unless other arrangements have been made.

Pertinent medical history _____

Tentative diagnosis: _____

Please list the medications and treatments the patient has received. Please include dosage, time, route, and frequency.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____