

Patient Referral Form  
Fax to (832) 593-8388

To assist the doctors and staff of the Animal Emergency Center of West Houston to provide the best care for your patients and avoid miscommunication with you and your clients please:

1. **Fax this form to us *before you refer*.** Completely fill in the information requested below.
2. **Fax a legible copy of the patient's medical record**, complete with *chief complaint, history, physical exam findings, diagnostics performed with results, and treatment plan*.
3. **Call us at (832) 593-8387** to clarify and verify information in this patient case.

Client Information	Patient Information
Name	Name
Address	Species
City	Breed
State, ZIP	Weight
Home Phone	Age
Cell Phone	Sex

Veterinarian Information and Patient Medical Information	
Referring Veterinarian	Phone number Do not call vet after : : p.m.
Referring Hospital	
Tentative Diagnosis	
Prognosis	
Allergies	
Vaccine Status	

Treatment Information				
Medications Given	Dose		Route Given	Time
1.	mg	cc	:	a.m. p.m.
2.	mg	cc	:	a.m. p.m.
3.	mg	cc	:	a.m. p.m.
4.	mg	cc	:	a.m. p.m.
IV Fluid Type Given			Total amount infused IV	
Amount bolused IV			Amount given SQ	
Radiographic Findings				
Ultrasound Findings				

Diagnostic Procedures Desired
Our facility can provide full chemistry analysis, CBC, blood gases, lactate levels, antifreeze testing, PT, APTT, ACT, ionized calcium, Mg+, NH3 levels, parvo snap, giardia snap, fecal analysis, urinalysis w/sedimentation, urine protein: creatine ratios, Felv/FIV, Hw 3DX, ultrasound, and digital radiography.
1.
2.
3.