

# Dallas Animal Emergency - Referral Form

Fax: 214.520.6988 or E-mail: [info@dallasanimaler.com](mailto:info@dallasanimaler.com)

## REFERRING VETERINARIAN:

NAME: \_\_\_\_\_

REFERRING HOSPITAL: \_\_\_\_\_

PREFERRED METHOD OF CONTACT \_\_\_\_\_

CLINIC PHONE NUMBER: \_\_\_\_\_

## CLIENT INFORMATION:

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

## PATIENT INFORMATION:

NAME: \_\_\_\_\_ AGE/DOB \_\_\_\_\_

SPECIES: \_\_\_\_\_ BREED: \_\_\_\_\_

SEX: FEMALE MALE SPAYED NEUTERED INTACT

## BRIEF HISTORY:

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## CURRENT MEDICATIONS/TREATMENTS AND TIMES GIVEN:

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All of us at Dallas Animal Emergency thank you for your referral and look forward to working together on the care and well-being of your patient. Please email all medical records including diagnostic results to [info@dallasanimaler.com](mailto:info@dallasanimaler.com).