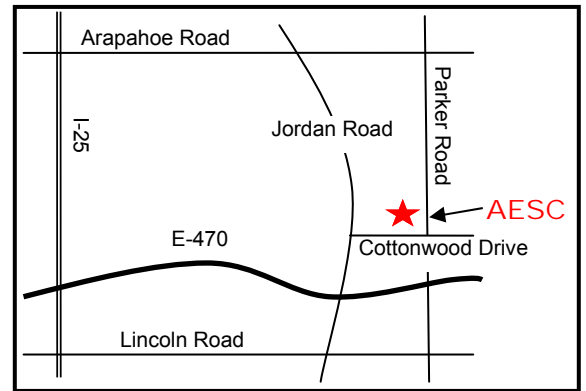




# ANIMAL EMERGENCY & SPECIALTY CENTER

## Referral Form

17701 Cottonwood Drive · Parker, CO 80134  
Phone: (720) 842-5050 · Fax: (720) 842-5060



Referred to Dr.	Referred by Dr.
Referring Hospital	
Address	
Phone (    )	Fax (    )
How would you like to be contacted? <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> US Mail	
Name of Client	
Address of Client	
Home Phone (    )	Business Phone (    )
Patient's Name	
Species	Breed
Sex: <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> MC	Age
Tentative Diagnosis/Chief Complaint	
History/Physical Exam Findings	
Laboratory Data ( <i>PLEASE attach copies of results</i> )	
Treatments ( <i>Include medications and dosages</i> )	
Radiographs ( <i>Films will be returned</i> )	
Special Requests/Comments	

*Our Mission: Animal Emergency & Specialty Center will act as an extension of the referring veterinarian. We are dedicated to ensuring a team approach through exceptional service and communication with both the client and the referring veterinarian. We will provide state-of-the-art and compassionate emergency & specialty care for our patients as if they were our own pets.*

**Dear Client: Please bring this form and all medications with you to Animal Emergency & Specialty Center. PLEASE Ask your veterinarian if you need to withhold food or water from your pet.**

Fees are payable in full at the time of release. Payment may be made by cash, check, credit card, or Care Credit.