



**VETERINARY
EMERGENCY
& SPECIALTY
HOSPITAL OF WICHITA**

EMERGENCY REFERRAL FORM

Referring Veterinarian: _____ Referring Veterinary Clinic: _____

Client Name: _____ Client Phone: Home _____ Cell: _____

Client Address: _____

Patient Name: _____ Species: _____ Breed: _____

Color: _____ Age: _____ Sex: _____ Weight: _____

Reason for Referral: _____

History: (Clinical signs, duration of illness, laboratory and radiographic results, diagnosis, treatments and medications given)

Current Medications: (Include dose, frequency of administration and the last time each was given)

Desired Treatment/Therapy:

Comments:

Please forward any diagnostics that would be pertinent in caring for this patient. In addition, please indicate if you prefer this patient to be transferred to your clinic in the morning or sent home. In the case of a weekend transfer, indicate if you prefer the patient be kept overnight or through the weekend. Upon discharge, a medical record will be faxed to your clinic.



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