



5818 Maplecrest Road  
Fort Wayne, IN 46835

Phone: (260) 426-1062  
Fax: (260) 485-0130  
Open 24 Hours A Day  
By appointment: 8-6 M-F

## PATIENT REFERRAL FORM

DATE \_\_\_\_\_

REFERRING VETERINARIAN \_\_\_\_\_

HOSPITAL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ BEST TIME / DAY TO CONTACT YOU \_\_\_\_\_

REFERRAL REQUEST: As the referring veterinarian, my expectations for this case are as follows: *(Please check one)*

\_\_\_\_\_ Referral for the following procedure(s) \_\_\_\_\_

\_\_\_\_\_ Overnight care and return in the morning \_\_\_\_\_ Hospitalization for definitive care

IMPORTANT NOTE: In recognition of changes in patient condition, doctor's evaluation and client wishes, Northeast Indiana Veterinary Emergency and Specialty Hospital reserves the right to change diagnostic or therapeutic plans for any patient when good clinical judgment dictates.

CLIENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ PET'S NAME \_\_\_\_\_ SPECIES \_\_\_\_\_

BREED \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ WEIGHT \_\_\_\_\_

PRESENTING COMPLAINT \_\_\_\_\_

HISTORY \_\_\_\_\_

DIAGNOSTIC TESTS PERFORMED \_\_\_\_\_

TREATMENT / MEDICATIONS \_\_\_\_\_

RESPONSE TO THERAPY \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

Please ask your client to call us for an appointment, and send the following to us via fax, E-mail or with the pet owner:

\_\_\_\_\_ Copies of all pertinent laboratory work \_\_\_\_\_ Endoscopic prints or videotape

\_\_\_\_\_ Radiographs \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Ultrasound \_\_\_\_\_

THANK YOU FOR YOUR REFERRAL. We will stay in close communication with you about your patient's care.

## SPECIAL INSTRUCTIONS FOR PET OWNER

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Your veterinarian has referred your pet to Northeast Indiana Veterinary Emergency and Specialty Hospital for specialized healthcare. Please call us at (260) 426-1062 as soon as possible to make an appointment.

PET OWNER CHECKLIST. Along with your pet, please bring the following items to your appointment:

- \_\_\_\_\_ Patient Referral Form
- \_\_\_\_\_ Pet's stool sample (if advised by veterinarian)
- \_\_\_\_\_ Medical records and/or files provided by your veterinarian
- \_\_\_\_\_ Medication your pet is currently taking
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

ADDITIONAL INSTRUCTIONS \_\_\_\_\_

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**WE ARE DEDICATED TO HELPING YOU AND YOUR PET.**  
We will stay in close communication with your veterinarian about your pet's care. We also work together to provide you with options for the best medicine, along with flexible financing with CareCredit.<sup>®</sup> Ask us or your veterinarian for details.