



# animal EMERGENCY center

## Referral Form for AEC Referral Clinics

Referring Clinic & Veterinarian: \_\_\_\_\_

Patient: \_\_\_\_\_ Client: \_\_\_\_\_ Diagnosis \_\_\_\_\_ Prognosis: \_\_\_\_\_

Patient Presentation/History: \_\_\_\_\_

**Radiographs?** Yes: please include/transfer with patient

Time taken: \_\_\_\_\_

No

**Bloodwork:** Yes: please include/transfer with patient

Time of bloodwork performed? \_\_\_\_\_

No

Pending

**Any Special Procedures Performed?** (u/s, endoscopy, surgery, ect...): \_\_\_\_\_

**IV Fluids:** Fluid type used: \_\_\_\_\_

Rate: \_\_\_\_\_

Total volume infused (TVI): \_\_\_\_\_

**Medications given (please list drug, mg, route and time administered):**

Drug	Amt (mg)	Route	Time administered
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Treatment Plan\*:** \_\_\_\_\_

\*We will strive to follow the treatment plan given by the referring veterinarian. Please understand that sometimes situations arise where we are unable to follow the plan exactly. You will be notified to any changes in treatment by the referral letter written the following morning.

**Any Additional Comments/Client Communications:** \_\_\_\_\_

Please feel free to contact our clinic with any additional information regarding this patient at 407-273-3336 or Fax 407-992-8600. Thank you for your referral. Your confidence in our staff is appreciated.