



# ORANGE COUNTY EMERGENCY PET CLINICS

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Garden Grove, CA 92843  
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Fullerton, CA 92835  
P:714-441-2925 Fax:714-917-3324

## PATIENT REFERRAL FORM

Use this form when a **staff member** will be transferring the patient to our facility.

This form allows your hospital to receive a complimentary emergency examination and reduced hospitalization fees.

1. Referring Veterinarian Information				
<i>Referring Doctor</i>	<i>Hospital Name</i>		<i>Date</i> / /	
<i>Hospital Address</i>				
<i>Phone</i> ( )	<i>Fax</i> ( )	<i>E-mail</i>		
2. Pet Owner Information <i>Please be complete. OCEPC must make contact with the pet owner.</i>				
<i>Pet Owner's Name</i>	<i>Street Address</i>		<i>Been to OCEPC before?(Circle one)</i> <b>Yes No Unsure</b>	
<i>City</i>	<i>State</i>		<i>Zip</i>	
<i>Home Phone</i> ( )	<i>Cell Phone</i> ( )		<i>E-mail</i>	
3. Patient Information				
<i>Pet's name</i>	<i>Species</i>	<i>Breed</i>	<i>Age</i>	<i>Sex (Circle one)</i> <b>M F MN FS Unknown</b>
4. Medical Information (Please attach test results or any additional information necessary to this form.)				
<i>Tentative Diagnosis:</i>	<i>Has labwork been sent out?</i> Lab Name: Account number:		<i>IV Catheter in place?</i> <b>Yes No</b>	
<i>List treatments performed or medication given at your hospital:</i> (Attach a separate sheet, if necessary).	<i>Dosage and route:</i>		<i>Date and time done:</i>	
<b><i>Your recommended treatment at OCEPC:</i></b> <i>Please note: OCEPC will use the referring veterinarian's treatment recommendations as a guideline for creating a treatment plan for the patient. The final treatment plan will be determined by our staff veterinarian and the pet owner.</i> <b>PLEASE DO NOT SEND ANY FLUIDS OR INJECTABLES WITH THE PATIENT. Oral medications in properly labelled containers will be accepted.</b>				
<i>List treatments or medications recommended:</i> (Attach a separate sheet, if necessary).	<i>Dosage and route:</i>		<i>Date and time to be done:</i>	
<i>If this patient's condition declines, would you like the staff veterinarian to call you? (Check one):</i>				
<input type="checkbox"/> <b>Yes. Referring veterinarian emergency phone: ( )</b>			<input type="checkbox"/> <b>No</b>	



### **Pet Owner Authorization**

- *I understand that my pet is being transferred to the Orange County Emergency Pet Clinic (OCEPC) for after-hours care.*
- *I understand that I will be contacted by OCEPC's veterinarian to discuss the recommended treatment plan for my pet.*
- *I understand that I am financially responsible for all treatment provided by OCEPC. I will pay for the treatment provided by OCEPC at my referring veterinarian.*
- **Authorization for treatment:** I authorize the Orange County Emergency Pet Clinic to treat the animal described on this form and I understand that this may include an anesthetic and/or surgery. I further understand that no guarantee of successful treatment is made, and that I will not hold the Orange County Emergency Pet Clinic responsible for my animal's recovery. I agree to pay all the charges incurred. I authorize photographs to be taken of my pet to be used for educational and marketing purposes.

### ***Pet Owner Signature:***

### **Veterinarian Authorization**

- *I understand that OCEPC will be contacting the pet owner to discuss my recommended treatment plan.*
- *I understand that my recommended treatment plan may be altered after our staff veterinarian examines the patient and speaks to the pet owner.*
- *I understand that my referring hospital is financially responsible for all treatment provided by OCEPC.*

*The basic charge for monitoring of stable patients on IV fluids is \$150.00-\$200.00 per day plus medications.*

### **Please select one of the following:**

*Check here if you would like an estimate of fees prior to treatment for any charge:*

*Check here if you would like an estimate of fees prior to treatment for anything over \$200.00 per day:*

*Check here if you would like an estimate of fees prior to treatment for anything over \$\_\_\_\_\_ per day:*

*Check here if you do not need an estimate of fees prior to treatment for any charge:*

### ***Veterinarian Signature:***

