

## ORANGE COUNTY EMERGENCY PET CLINICS

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## PATIENT REFERRAL FORM

Use this form when the **pet owner** will be transferring the patient to our facility.

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

1. Referring Veterinarian Information						
Referring Doctor	Hospital Name					Date
Homital Adduses						/ /
Hospital Address						
Phone	Fax			E-mail		
( )	( )					
2. Pet Owner Information						
Pet Owner's Name			Pet Owner's Phone Number			
3. Patient Information						
Pet's name	Species	Bree	d	Age	Sex (	Circle one)
					M F	MN FS Unknown
4. Medical Information (Please attach test results or any additional information necessary to this form.)						
Tentative Diagnosis:			Has labwork been sent out?		IV Catheter in place?	
			Lab Name:			Yes No
The second secon			Account number:  Dosage and route:			Date and time done:
List treatments performed or medication given at your hospital:  (Attach a separate sheet, if necessary).			Dosage and route.			Date and time done.
(Truch a separate success it necessary)						
Your recommended treatment at OCEPC:						
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.  PLEASE DO NOT SEND ANY FLUIDS OR INJECTABLES WITH THE PATIENT. Oral medications in properly labelled containers will be accepted.						
List treatments or medications recommended:			Dosage and route:		Dat	e and time to be done:
(Attach a separate sheet, if necessary).						
If this patient's condition declines, would you like the staff veterinarian to call you? (Check one):						
☐ Yes. Referring veterinarian emergency phone: ( ) ☐ No						
Veterinarian Signature:						