



**Central Pennsylvania Veterinary Emergency
Treatment Services**
1522 Martin St, State College, PA 16803
(814) 237-4670 ♦ Toll Free (866) 694-7844
Fax: (814) 237-4646

Referral Information Form

REFERRING PRACTICE: _____

REFERRING VETERINARIAN: _____

Street: _____

City/State/Zip code: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

OWNER NAME: _____ **PATIENT NAME:** _____

Street: _____

City/State/Zip code: _____

TELEPHONE: _____ **Cell Phone:** _____

Species/Breed: _____ **Sex:** _____ **Neutered? Y N**

Age: _____ **Weight:** _____ **lbs** **Vaccine Status:** _____

REASON FOR REFERRAL: _____

PERTINENT HISTORY:

LAB RESULTS (fax blood work, cytology, & biopsy reports; send x-rays with owner)

MEDICATIONS (DOSAGE / DURATION / RESPONSE):

REMARKS OR REQUESTS:

