



PIEPER VETERINARY

### ER & Specialty Referral Request

**Referring Veterinarian**

Name \_\_\_\_\_ Hospital \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Client**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Patient**

Name \_\_\_\_\_ Breed \_\_\_\_\_

Date of Birth / Age \_\_\_\_\_ Color \_\_\_\_\_

Sex \_\_\_\_\_ Weight \_\_\_\_\_ Rabies Expiration Date \_\_\_\_\_ **OR**  Rabies Status Unknown

**Department to which patient is being referred:**

- Emergency Service       Neurology/Neurosurgery       Oncology       Internal Medicine
- Surgery       Physical Therapy (Middletown Only)       Acupuncture (Middletown Only)

**\*\*for Outpatient Ultrasounds, please use our Outpatient Ultrasound Request form\*\***

**Patient History**

Primary Complaint: \_\_\_\_\_  
\_\_\_\_\_

History: \_\_\_\_\_  
*(please attach or email a copy of the medical record)*

Diagnostics: \_\_\_\_\_  
*(please email or send a copy with owner)*

Treatments/Medications: \_\_\_\_\_  
\_\_\_\_\_

Client Communications: \_\_\_\_\_  
\_\_\_\_\_