



# Cabarrus Emergency Veterinary Clinic Referral Form

Email: [hospital@cabarrusevc.com](mailto:hospital@cabarrusevc.com)

Fax: (704) 932-1197

### Owner Information

Name:
Phone number:

### Patient Information

Name:		Dog / Cat	
Age:	Color:		
M / MN / F / FS	Breed:		

### Referring Information

Doctor:	Hospital:
Preferred method of communication (Provide Email or Fax):	

### Primary Problem

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### Completed Diagnostics & Treatments (or include Treatment Sheet and/or Medical Notes via fax or email)

Dx or Tx	Time	Dx or Tx	Time

### Requested Diagnostics & Treatments

Dx or Tx	Time	Dx or Tx	Time

### Plan for the morning

Return to you / Discharge home / Other: _____
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### Other Information (Concurrent problems and medications, etc.)


We will happily use properly labeled fluids and medications that you sent with your patient. Please note that there will be a nominal administration fee for using these items. Medications which are not properly labeled to indicate the contents, strength, dose and route of administration will not be used, and the client will be charged for these items. Thank you for your understanding.