



Cobb Emergency Veterinary Clinic
 630 Cobb Parkway N • Suite C • Marietta GA 30062 • 770-424-9157

Cherokee Emergency Veterinary Clinic
 7800 Highway 92 • Woodstock GA 30189 • 678-238-0700

Patient Referral Form

Today's date _____ Time _____

Referring Vet/Clinic _____ Phone # after hours _____

Client Name & Phone Number _____

Address & Zip code _____

Pet Name _____ Species: Canine Feline Other _____

Breed _____ Gender: F F/S M MC _____ Age: _____ W M Y _____

Vaccines: Current Not Current _____

Chief Complaint(s)/ History:

PE Findings:

Diagnostics/Results:

Radiographic Results:

Working Diagnosis from RDVM:

Plans for Food & Water:

Treatments performed:

Fluid Type	Bolus	Rate	Route	Total Administered	Additives
			IV SQ		
			IV SQ		

Medications:	Dosage	Route:	Last Dose Given:	How Often:	Owner/RDVM Meds:
		IV IM SQ PO		SID BID TID QID PRN	<input type="checkbox"/>
		IV IM SQ PO		SID BID TID QID PRN	<input type="checkbox"/>
		IV IM SQ PO		SID BID TID QID PRN	<input type="checkbox"/>
		IV IM SQ PO		SID BID TID QID PRN	<input type="checkbox"/>

Plan for Continued Hospitalization :

Continued Care Plan: back to RDVM _____ Stay at CEVC/CHEVC _____ Specialist Consult/Referral _____

Is the owner bringing copy of RDVM records or to be faxed? _____ Rads to be brought by owner? _____

Estimate given to RDVM to be relayed to owner prior to transfer _____

Transfer back to referring vet on: _____

Information taken by: _____