



930 North Queen Street  
Lancaster, PA 17603  
Telephone (717) 295-7387  
Fax (717) 295-1948

Emergency Referral

Specialty Referral

**Referring Veterinary Information**

Practice Name: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_

Practice Phone Number: \_\_\_\_\_ Practice Fax Number: \_\_\_\_\_

Please contact in case of dire change in condition or prognosis: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Client Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

**Referral Information**

Presenting Complaint: \_\_\_\_\_

\_\_\_\_\_

Duration of Complaint: \_\_\_\_\_

Relevant History and Treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provisional Diagnosis: \_\_\_\_\_

Provisional Prognosis: \_\_\_\_\_

**Please include all recent blood work, lab findings, x-rays and current medications to minimize repeat testing and lab work. X-rays may be e-mailed to [reception@lancasterpetemergency.com](mailto:reception@lancasterpetemergency.com) or sent with your client.**