



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 info@lancasterpetemergency.com or sent with your client.