



Allegheny Veterinary Emergency  
Trauma & Specialty

Your companion in specialty care

4224 Northern Pike, Monroeville, PA 15146 • Avets.com  
Phone: 412.373.4200 • Referral Fax: 412.373.4250 • Avets@Avets.com

# PATIENT REFERRAL FORM

## REFERRING VETERINARIAN INFORMATION

Veterinary Practice: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Referring Veterinarian: \_\_\_\_\_ Address: \_\_\_\_\_

## CLIENT INFORMATION

Client's Name(s) \_\_\_\_\_ Alt. Phone \_\_\_\_\_  
Client's Cell Phone \_\_\_\_\_

## PATIENT INFORMATION

Pet's Name \_\_\_\_\_  Dog  Cat  Other  FS  MN  F  M  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

Last Vaccination: Rabies \_\_\_\_\_ Other \_\_\_\_\_

History, Physical Exam, Lab Results, etc.:  Written on back/attached  Sent with client  Faxed  Emailed  
Are there any images for this patient?  No  Yes  Sent with client  Mailed  Digitally transmitted

## CARE REQUESTED

- Please have a Criticalist evaluate the patient **TODAY!** (Available 8:00 AM – 5:30 PM)
- Please have Emergency Veterinarian evaluate & consult Specialist as needed, 24 hours daily.\*  
(\*Owners will NOT necessarily see/speak with specialist.)
- Make an appointment for:
 

<input type="checkbox"/> Cardiac Work-up	<input type="checkbox"/> Radiology	<input type="checkbox"/> Surgery	<input type="checkbox"/> I-131	<input type="checkbox"/> Avian / Exotics
<input type="checkbox"/> MRI	<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Pittsburgh Veterinary
<input type="checkbox"/> Oncology	<input type="checkbox"/> CT Scan	<input type="checkbox"/> Soft Tissue	<input type="checkbox"/> Ultrasound	Rehabilitation
		<input type="checkbox"/> Spinal	<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Other: _____

Working Diagnosis: \_\_\_\_\_

Expectations of Referral: \_\_\_\_\_

The following estimate has been provided to the client: \$

## > COMMUNICATION REQUESTED

- Please fax summary of Avets visit to referring doctor (default).
- Please e-mail summary of AVETS visit to: \_\_\_\_\_
- Please send summary of AVETS visit via US Postal Service.

### IN ADDITION

- Please call  After consult/evaluation  After discharge
- Other \_\_\_\_\_

Phone # on file  Other \_\_\_\_\_