

Date \_\_\_\_\_

**Referring Veterinarian**

Name \_\_\_\_\_

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

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Client and Patient Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Pet's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_

**Reason for referral:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pertinent medical history (include surgeries, medications, pre-existing conditions, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Related diagnostics test results (please email lab results and images to [admin@vetcheckpucc.com](mailto:admin@vetcheckpucc.com)):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional information (allergies, temperament, unrelated conditions, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DVM Signature** \_\_\_\_\_

VetCheck Pet Urgent Care Center offers treatment for the urgent care/non-life threatening emergency conditions that your patients need, when you are not available. We are full service veterinary hospital with board-eligible veterinary toxicologist on site to take care of your patients. You can count on us to take the best care for your patients. Please feel free to reach out to us if you have any questions.