



Animal Hospital of
Towne Lake

24/7 EMERGENCY CARE

Emergency Referral Transfer Form

Please complete the following form and email all records, lab results, and radiographs to cs@townelakevets.com then call and discuss case with one of our emergency doctors at 770-591-9500.

Date _____

Referring Veterinarian Information

Hospital _____ Phone _____

DVM Name _____ DVM Cell _____

Client Information

Name _____ Email _____

Address _____ Phone _____

Patient Information

Name _____ Age _____ Weight _____ lbs/kg

Breed Canine Feline _____ Species _____ M MN F FS

Case Synopsis:

Treatment Given/Time:

Labs/Diagnostics Done:

Bionote Info:

Animal Hospital of Towne Lake
3105 Parkbrooke Circle, Woodstock, GA 30189
770-591-9500

