EAST END | VETERINARY CENTER

Open 24/7, 365 days a year
67 Commerce Drive Riverhead, NY 11901
Phone: 631-369-4513
Fax: 631-369-4564
reception@pet-er.com
pet-ER.com

Direct Referral Form

Date: _____

rDVM:

Hospital: _____ by Dr. _____

Address: _____Phone: _____ Fax: _____

Client:

Name: _____ Mobile: _____ Email_____

Mailing Address:

_____

Patient:

Name: _____ ☐ Canine ☐ Feline Other: _____

Breed: _____ Sex: F/M Spayed/Neutered DOB: _____

Referred for: ☐ Emergency/Critical Care ☐ Dermatology ☐ Surgery ☐ Cardiology
☐ Internal Medicine ☐ Physical Rehabilitation ☐ Dentistry ☐ Acupuncture
☐ Outpatient Ultrasound Only

Tentative Diagnosis: _____

Radiographs Taken: ☐ Yes (please send with client) ☐ No

Pertinent History: (Please email to reception@pet-ER.com or send with client)

_____

_____

_____

Treatment/Medications Administered: (Please include times received)

_____

_____

Additional Information:

_____