



**CENTRAL COAST**  
— PET EMERGENCY HOSPITAL —

1558 W. Branch St. Arroyo Grande, CA 93420  
Phone: 805-489-6573 Fax: 805-489-5470

**Direct Referral Form**

Date: \_\_\_\_\_

Referring DVM: \_\_\_\_\_ Hospital: \_\_\_\_\_

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Spay/Neuter: \_\_\_\_\_ Breed: \_\_\_\_\_

***\*\*Please attach medical record including diagnostic results\*\****

Case Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recent lab work: ☐ Yes ☐ No

Recent radiographs: ☐ Yes ☐ No

IV Catheter: ☐ Yes, date placed: \_\_\_\_\_ ☐ No

Fluids: ☐ Yes ☐ No

Special Requests: \_\_\_\_\_  
\_\_\_\_\_

*Thank you for trusting us as partners in the care of your patients! If there is ever anything else we can do for you or your client, please let us know.*

Central Coast Staff Only:

Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Scanned/Attached: \_\_\_\_\_ Avimark Code Entered: \_\_\_\_\_ DVM notified: \_\_\_\_\_