



REFERRAL PRACTICE

755 South Township Boulevard • Pittston, PA 18640
Phone 570-655-3600 • Fax 570-655-0960

Emergency/Critical Care Department Surgery Department

Referring Veterinarian: _____

Contact Number: _____

After hours number: _____

Client Name: _____

Address: _____

Telephone Number(s): _____

Patient Name: _____

Species: _____ Breed: _____

Color: _____

Age: _____ Sex: _____

Patient is being referred for: _____

History: _____

Drugs Administered: _____

If transferring to Emergency / Critical Care Department, what is the patient's estimated time of arrival?

Tentative Diagnosis: _____

Please attach any relevant records or reports.