

12750 Garden Grove Blvd.  
Garden Grove, Ca 92843  
Phone (714) 537-3032  
Fax (714) 917-3323

## Orange County Emergency Pet Clinics

1474 S. Harbor Blvd.  
La Habra, Ca 90631  
Phone (714) 870-1471  
Fax (714) 917-3324

### Referral Information Sheet

Date: \_\_\_\_ / \_\_\_\_ /2010

Time: \_\_\_\_\_

Referring D.V.M. \_\_\_\_\_ Home Phone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Referring Hospital \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Owner Information \_\_\_\_\_ Owner Phone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Patient Name \_\_\_\_\_ Sex:  M  F Altered:  Yes  No Age \_\_\_\_\_

Breed \_\_\_\_\_ Current Vaccinations?  Yes  No

Items Accompanying the Patient:

Records  X-Rays  ECG  Fluids  Medications  Other \_\_\_\_\_

Tentative Diagnosis \_\_\_\_\_

### Treatment Performed At Your Hospital:

IV Catheter In Place?  Yes  No

Treatment	Type	Amount / Dose	Time(s) Given
<input type="checkbox"/> Antibiotic	1.		
	2.		
<input type="checkbox"/> Anti-inflammatory			
<input type="checkbox"/> Other Medication	1.		
	2.		
	3.		
<input type="checkbox"/> Fluids			
<input type="checkbox"/> Surgery			
<input type="checkbox"/> Other Treatments	1.		
	2.		
	3.		

### Specific Instructions to OCEPC:

Observation Only

Treat as Staff Clinician Deems Necessary

Treat as Follow \_\_\_\_\_

Should Patient Condition Worsen or Expire, We Are To:

Call Referring D.V.M

Call Owner Directly

Contact Both D.V.M & Owner

Signed \_\_\_\_\_, D.V.M