

**PENINSULA
ANIMAL
REFERRAL
CENTER**



1120 George Washington Memorial Highway
Yorktown, VA 23693
Emergency Care 757-874-8115 Specialty Care 757-596-7100
Emergency Care Fax 757-595-3038 Specialty Care 757-596-6060
www.parcvets.com

Direct Transfer/Referral Form

Referring Clinic and Doctor: _____ Date: _____

Owner's Name: _____

Address: _____ City: _____ State, Zip: _____

Home Phone: _____ Cellular: _____

Pet's Name: _____ Species: _____ Breed: _____

Sex: _____ Spay/Neuter: _____ Color/Markings: _____ Age: _____ Weight: _____

Patient History: _____

Diagnosis or Differential Diagnosis: _____

Diagnostics (Please attach a copy of lab work and medical records. IF this information cannot be faxed please send with client): _____

Treatment Given (particularly in the last 24 hrs):
IVC Placed: _____ Gauge: _____ Fluids: _____ Amount: _____

Medication:

Drug	Dose	Route	Time

Suggested Treatment Plan: _____

Additional Comments: _____

The Peninsula Animal Referral Center is open 24 Hours a Day including Weekends and Holidays. To ensure the highest quality of care for your client, all patients will be seen according to the severity of their condition. Please inform your client to allow enough time for the doctor on duty to discuss their pet's care with them. Thank you for your continued support!

