



**ANIMAL EMERGENCY
& SPECIALTY CENTER**
Knoxville

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SPECIALTY SERVICES

I WANT TO...

Refer This Case Get a Professional Consult Only Get an Ultrasound Only Get a Consult and Ultrasound

REFER THIS CASE TO...

INTERNAL MEDICINE ONCOLOGY SURGERY CRITICAL CARE CURES FOR CATS I-131

DOCTOR: _____

rDVM INFO

Referring Clinic: _____ Date: _____

Referring Vet: _____ Vet Phone: _____ Vet Fax: _____

Vet Email: _____ Preferred Contact: PHONE EMAIL OTHER: _____

CLIENT INFO

Owner Name: _____ Owner Email: _____

Owner Address: _____ City: _____ State: _____ ZIP: _____

Owner Phone: _____ Cell Phone: _____ Other Phone: _____

PATIENT INFO

Patient Name: _____ Patient DOB/Age: _____ Weight: _____

Patient Breed: _____ Patient Gender: **M** **F** Spayed/Neutered? **Y** **N**

Vaccination Status: _____

Primary Complaint/Diagnosis: _____

Medical History: _____

Current CBC/Chem/Urinalysis (PLEASE SEND/EMAIL): **Y** **N** Radiographs/Ultrasound (PLEASE SEND/EMAIL): **Y** **N**

Current Medications (PLEASE INCLUDE DOSAGE, DURATION, & SCHEDULE): _____

Please fill out this form completely and send with patient records, lab work, and radiographs/ultrasound results to...

EMAIL: info@animalERspecialty.com | FAX: 865.999.2017