

**Bay Beach Veterinary Emergency Hospital**

2476 Nimmo Parkway Unit 101

Virginia Beach, VA 23456

Phone (757) 427-3214

Fax: (757) 430-0751

**REFERRAL FORM**

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

Referring Veterinarian: \_\_\_\_\_

Hospital: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Wt: \_\_\_\_\_

Presenting Complaint: \_\_\_\_\_

Tentative Diagnosis/Differential Diagnosis: \_\_\_\_\_

Physical Exam Findings: \_\_\_\_\_

Diagnostic Test Results (Please provide copy of laboratory results and radiographs): \_\_\_\_\_

Previous Treatment:

Fluid type and amount: \_\_\_\_\_

Medications (dose, route, time administered): \_\_\_\_\_

Recommendations for Treatment: \_\_\_\_\_

Our clinician's assessment while your patient is hospitalized may dictate further treatment and /or diagnostics. Please initial below indicating your preference:

\_\_\_ Call before major deviation or addition to recommended treatment

\_\_\_ DVM preferred contact number \_\_\_\_\_

\_\_\_ Proceed with necessary treatment.

**Referral Wishes**

- Back to RDVM in the morning
- Treat until able to discharge