



**SOLANO-NAPA PET
EMERGENCY CLINIC**

DIRECT REFERRAL FORM

Prior to referral, if time permits, please call the doctor on duty on SPEC's back line: (707) 864-8563.

Client Name: _____	Phone: _____	Date: _____		
Patient Name: _____	Species: _____	Breed: _____	Sex: _____	Age: _____
Referring DVM: _____	Hospital: _____			

See attached Medical Record: Yes No

Quick case summary: _____

Recent lab work: Yes No Idexx Antech **Date:** _____

Recent X-rays: Yes No **Comments:**

IV Catheter: Yes, date placed: _____ No **Fluids:** Yes No

Medications given today:

Drug _____	Dose _____	Route _____	Time _____	am	pm
Drug _____	Dose _____	Route _____	Time _____	am	pm
Drug _____	Dose _____	Route _____	Time _____	am	pm
Drug _____	Dose _____	Route _____	Time _____	am	pm

Special Requests: _____

If there is anything else we can do for you or your client, please do not hesitate to let us know!

**4437 Central Place, Suite B3 • Fairfield, CA 94534
Phone 707-864-1444 • Fax 707-864-8038**