



**Route 66 Veterinary**  
Emergency & Critical Care Center

# PATIENT REFERRAL FORM

DATE \_\_\_\_\_

## REFERRING HOSPITAL INFORMATION

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

Referring Hospital \_\_\_\_\_

Hospital Phone # \_\_\_\_\_

Fax \_\_\_\_\_ Preferred Y / N

Email \_\_\_\_\_ Preferred Y / N

## CLIENT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## PATIENT INFORMATION

Name \_\_\_\_\_  Male  Female  Spayed/Neutered

Canine  Feline  Avian  Reptile  Rodent  Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_ Allergies \_\_\_\_\_

History of Seizure  Yes  No

## REASON FOR REFERRAL

Radiographs  Client will bring  Emailed to **referral@rt66vet.com**  None

Medical Records  Client will bring  Emailed to **referral@rt66vet.com**  None

Lab Results  Client will bring  Emailed to **referral@rt66vet.com**  None

**Find us at our  
NEW LOCATION**



**3601 Central Ave NE**  
**Albuquerque, NM 87108**  
**(505) 266-7688**

**www.Rt66Vet.com**  
**referral@rt66vet.com**  
**fax: (844) 269-6728**



**FLUID THERAPY** .....

Fluid Type \_\_\_\_\_ Rate \_\_\_\_\_ Additives \_\_\_\_\_

**MEDICATIONS** .....

Medication	Dose	Route	Frequency	Time Next Due
1.				
2.				
3.				
4.				
5.				
6.				

Oxygen Therapy Needed?  Yes  No

**Advanced Patient Monitoring (continuous ECG, BP, Pulse Ox, etc.)**

Monitor	Frequency	Time Next Due
1.		
2.		
3.		

**Laboratory Monitoring (PCV/TP, BG, etc.)**

Test	Frequency	Time Next Due
1.		
2.		
3.		

**Additional Instructions** \_\_\_\_\_

\_\_\_\_\_

**Please contact me** if any changes need to be made to the treatment plan

Contact Numbers ( \_\_\_\_\_ ) \_\_\_\_\_ or ( \_\_\_\_\_ ) \_\_\_\_\_ Text message Y / N

Please do not call me after \_\_\_\_\_

**Please adjust treatment plan** at your discretion