

North Georgia Animal Emergency Hospital Referral Form



All referrals transferred directly from their veterinarian will receive a discounted exam and hospitalization charge.

This form may be faxed or sent directly with clients. Remember to send copies of test results. Veterinarians please call NGAEH to speak directly to the veterinarian who will be caring for your patient (706-632-7879). If calling before 6pm, please leave a message with the doctor's cell phone number for contact.

Referring Veterinarian: _____ Date: _____
Referring Clinic: _____ Referring Veterinarian Phone #: _____
Client Name: _____ Pet Name: _____
Species/Breed: _____ Sex: _____ Age: _____
Vaccines: _____ Spayed / Neutered: Y / N

History / PE

Lab Results

PCV _____ TS _____ Fecal _____
FeLV _____ FIV _____ HW _____
CBC / Chemistry _____
UA _____

Radiology

Fluids Type: Norm R LRS Saline Other _____ IV SQ Rate/Amount: _____ Additives: _____
Type: _____ IV SQ Rate/Amount: _____ Additives: _____

Medications: (Circle and fill in)

- _____ mg IV IM SQ PO SID BID TID QID Last given: _____
- _____ mg IV IM SQ PO SID BID TID QID Last given: _____
- _____ mg IV IM SQ PO SID BID TID QID Last given: _____
- _____ mg IV IM SQ PO SID BID TID QID Last given: _____
- _____ mg IV IM SQ PO SID BID TID QID Last given: _____

Additional treatment plan: _____