



CRITICALVETCARE

VETERINARY SPECIALTY & EMERGENCY CENTER

Please fax this Referral to:
941-929-1819

Or email to:
theteam@criticalvetcare.com

Referring Information

Doctor: _____ Clinic: _____

Phone: _____ Fax: _____ Email: _____

Client Information

Owner Name: _____

Phones: Home: _____ Cell: _____ Work: _____

Patient Information

Name: _____ Breed: _____ Age/DOB: _____

Species: Canine Feline Sex: Male Neutered Female Spayed

Problem/Reason for Referral: _____

Brief History/Current Medications:

Procedure(s) Requested: _____

Have radiographs been taken? Yes No *If yes, please e-mail to theteam@criticalvetcare.com*

Has lab work been done? Yes No *If yes, please fax to 941-929-1819 or email above*

How would you prefer we communicate with you? E-mail Phone Fax

STATUS OF APPOINTMENT: EMERGENCY NEXT AVAILABLE

Please fax current lab work, imaging reports, and medical records along with this form.

4937 S. Tamiami Trail | Sarasota, FL 34231 | P: 941-929-1818 | F: 941-929-1819 |

www.criticalvetcare.com