



# Emergency Referral Form

Complete **Before** Sending Patient

2436 Hwy 75, Blountville, TN 37663  
 Phone: 423 279-0574  
 Fax: 423 279-0858  
 apec@apecvet.com

Date:	
Referring Doctor:	
Clinic Name	Clinic Phone:
After Hours Contact Number:	Do Not Call After:

Client Name:		
Address:		
City, State, Zip		
Phone:	Alternate Phone:	

Pet's Name:		Breed:	
Age:	Weight:	Sex:	
Vaccine History:	Disposition: (Circle One)	Even	Caution

Presenting Complaint:			
Diagnosis:			
Diagnostics Performed:	Findings:		
Supporting Documents Sent:			
Fax      Email      With Client			

Treatments Performed:	Notes:
Current Medications:	Time administered/Time due:

Recommended Diagnostics/Treatments:	Notes:

Reminder:  
 Please email radiographs to [apec@apecvet.com](mailto:apec@apecvet.com). Please list current medications and time given above.