Center for Animal Referral
CARES
and Emergency Services

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MORE Great Days!

2010 Cabot Boulevard West, Suite D
Langhorne, Pennsylvania 19047
Phone: (215) 750-2774
Fax: (215) 750-3623
E-mail: vetcares@gmail.com
WWW.VETCARES.COM

Referring Doctor's Name: _____

Referring Doctor's Practice: _____

Referring Veterinary Practice Phone: (_____) _____- _____

Service Requested (Circle one):

Cardiology Surgery Oncology Neurology Diagnostic Imaging

Internal Medicine Emergency & Critical Care Ophthalmology

Client & Pet Information

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Client Phone Number: (_____) _____ - _____ HOME OR CELL

Pet Name: _____ Species (Circle one): Canine Feline

Spayed or Neutered? Yes / No Male or Female: Yes / No Weight: _____

Age/DOB: _____ Breed: _____

Reason for Referral: _____

History: _____

Diagnostics Performed: _____

Please send all diagnostic imaging to vetcares@gmail.com or our server directly.
Medical records can be e-mailed as well or faxed to (215) 750-3623.

Previous Treatments - Please indicate medications, doses, and dates!