



Emergency Pet Clinic  
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1502 Airline Dr  
Suite 220  
Corpus Christi, TX  
78412

Referring DVM: \_\_\_\_\_  
Referring Hospital: \_\_\_\_\_

Do you want to be called tonight/ leave phone number? \_\_\_\_\_

Owner information:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_

Patient information:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: **M** or **F** Sexually Intact: **Y** or **N** Vaccine status: Current **Y** or **N**  
Heartworm status: Current on preventative **Y** or **N**  
Retroviral testing in past 6 mo: **FELV** pos neg unknown, **FIV** pos neg unknown  
CPR directives: **CPR DNR**  
Other pertinent medical history: \_\_\_\_\_

Working diagnosis: \_\_\_\_\_

Items sent with patient: Medical Record Radiographs Labwork PO Meds Fluids

Outside labs pending: \_\_\_\_\_

Fluids given: rate \_\_\_\_\_ total volume \_\_\_\_\_ type \_\_\_\_\_

Antibiotics (mg) \_\_\_\_\_ Last given \_\_\_\_\_

Steroids (mg) \_\_\_\_\_ Last given \_\_\_\_\_

Analgesia (mg) \_\_\_\_\_ Last given \_\_\_\_\_

Other medications (mg) \_\_\_\_\_ Last given \_\_\_\_\_

Surgery performed \_\_\_\_\_

Do you expect complications? No  yes  \_\_\_\_\_

Referred for: overnight care  \* ongoing 24-hr care

If your patient is transferring back, how will it be transported? owner  clinic staff

Brief history (phone calls always appreciated prior to transfer): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Available on weekends and holidays