TRI-LAKES
ANIMAL EMERGENCY CARE

1150 West Baptist Road, Suite 130
Colorado Springs, CO 80921
Phone: 719-434-1118
Fax: 719-434-2715

PATIENT REFERRAL FORM

**** PLEASE COMPLETE THIS FORM AND RETURN VIA FAX 719-434-2715**
OR EMAIL referrals@trilakesanimalemergency.com **

Referring Veterinarian

Referring DVM: _____

Hospital Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Preferred Method of Contact: ☐ Phone / ☐ Fax / ☐ E-Mail

Patient Information

Owner's Name: _____

Pet's Name: _____

Species: _____ Breed: _____

Age: _____ Sex: ☐ M / ☐ NM / ☐ F / ☐ SF

Diagnosis: _____

Previous Medical Conditions: _____

_____

Reason For Referral:

_____
_____
_____

Brief Medical History:

_____
_____
_____

Latest Treatments / Medications Administered:

_____
_____
_____

Comments:

_____
_____
_____

****PLEASE SEND ALL PERTINENT X-RAY, LAB WORK, AND MEDICAL RECORDS TO 719-434-2715 OR EMAIL referrals@trilakesanimalemergency.com ****

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