



PetPB[®]
The Animal Emergency and Referral Center

2246 North Congress Ave
Boynton Beach, Florida 33426
Office • (561) 752-3232 Fax • (561) 752-3292
www.PetPB.com

Patient Referral Form

Date: _____

Have you called PetPB about this referral? Yes No

Referring Veterinarian Information:

Veterinary Hospital: _____ Doctor's Name: _____

Address: _____

How would you prefer to be contacted on this case?

Phone: _____ Fax: _____ E-mail: _____

After hours phone number: _____

Client Information:

Client Name: _____ Phone: _____ E-mail: _____

Patient Information:

Name of animal: _____ Canine Feline Other _____

Breed: _____ Sex: _____ DOB: _____

Requested Service:

Emergency Surgery Internal Medicine Other _____

Patient Should Be Seen:

within 24 hrs within 24-72 hrs >72hrs

X-Rays:

Yes
 No
 Client will bring

Medical Records:

Will be faxed
 Client will bring

Lab Results:

Will be faxed
 Client will bring
 None

Expectations For This Case:

Consult only. Please return to my office for diagnostic testing and treatment.
 Please manage the diagnostic testing and treatment at PetPB.

Reason for Referral:

Past Medical History/Current Medication Treatments:

