



## Veterinary Care & Specialty Group

# ER Referral Form

*\*As a courtesy, please call ahead of all ER Referrals \**

Patient Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Male/Female Altered: Y or N Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Please send copies of medical records, radiographs, and lab results via  
fax or email**

Reason for ER Referral: \_\_\_\_\_

\_\_\_\_\_

Pertinent History: \_\_\_\_\_

\_\_\_\_\_

Current Medication/Treatment: \_\_\_\_\_

\_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your referral!

Office: 423-591-0270 Fax: 423-803-4073

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