



# Eastern Carolina Vet Emergency Treatment Service

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## INTENSIVE CARE REFERRAL FORM

Owner:

Patient Name:

Patient Weight:

Referring Hospital:

Referring Doctor:

Doctor preferred communication:

Mobile Phone:

*(Please provide and check preferred)*

Email:

Other:

Do you prefer us to send patient back to you tomorrow or keep at ECVETS if continued care is recommended? Please select one

Send back to me

Keep at ECVETS

Call me between 7:00–8:00am

Presenting Complaint, Patient History and Tentative Diagnosis:

Diagnostic Test Results Performed:

*(Please send copies of all diagnostics)*

Medications Administered:

*(Please include times and dosages)*

Treatment Plan:

*(Doctors may amend in the event of patient status change)*

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**Eastern Carolina Veterinary Emergency Treatment Service**

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252-265-9920 | Fax: 252-234-9918 | [www.ecvpets.com](http://www.ecvpets.com)

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