



VCA Oso Creek Animal Hospital & Emergency Center

7721 S. Staples St. , Corpus Christi, Texas 78413

Phone 361-994-1145 Fax 361-994-0178

E-mail au630@vca.com www.vcaosocreek.com

Service Requested:

(Circle one) Referral Surgery General Surgery Dentistry Ultrasound Hospitalization/Critical Care

Referred by: _____

Referring Hospital: _____

Address: _____

Phone: _____ Backline: _____

Fax: _____ E-mail: _____

Please contact our office at (361) 994-1145 prior to transferring your patient. Thank you for your referral

I would like:

Complete Case Transfer _____

Specific Diagnostics _____

Specific Treatment _____

Transfer case back to hospital:

Once resolution begins and treatment is established.

When completely resolved to end point.

To be determined on a daily evaluation.

Please send the following with your client:

- All X-rays
Ultrasound Pictures

In addition to this form, please FAX the following:

- All Labwork
Treatments, including last times administered
Complete Medical Record

Name of Client: _____

Day Phone: _____ Evening Phone: _____

Patient's Name: _____

Species: _____ Breed: _____

Sex: F SF M CM Unknown Age: _____

Tentative Diagnosis/Chief Complaint _____

History/Physical Findings : _____

Special Requests/Comments: _____