
**Affiliated
Pet**

Animal
EMERGENCY
Clinic

7314 West University Avenue
Gainesville, Florida, 32607
(352) 373-4444

CONTINUING CARE INFORMATION
Affiliated Pet Emergency Fax # 352 333-9151

Date: _____ Referring Hospital: _____

Referring DVM: _____ Phone #(s): _____

Client Name: _____ Phone #(s): _____

Patient Name: _____ Species/Breed: _____

Sex: _____ Age: _____ Weight: _____ Color: _____

Who is to be notified in case of a crisis? (Circle one) Doctor Owner

Who will be picking up the patient? (Circle one) Staff Owner

Who will we be billing? (Circle one) Referring Hospital Owner

Brief History:

Tentative Diagnosis:

Treatments given during daycare (include drug, dosage, route, and time):

Instructions for Affiliated Pet Emergency (Please be as specific as possible):

Materials sent with patient (films, fluids, meds, etc):