



**TOWN & COUNTRY**  
**VETERINARY CLINIC**  
— 24 HOUR EMERGENCY HOSPITAL —  
1605 N. FRANKLIN ST., CHRISTIANSBURG, VA  
**(540) 382-5042**

**PATIENT REFERRAL FORM**

Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
Referring Doctor: \_\_\_\_\_ Fax: \_\_\_\_\_  
Referring Clinic: \_\_\_\_\_ Email: \_\_\_\_\_

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Client: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Patient: \_\_\_\_\_ Breed: \_\_\_\_\_ Species:  Canine  Feline  
Sex:  Female  Male  Spayed/Neutered Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_

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History/Chief Complaint:  
\_\_\_\_\_  
\_\_\_\_\_

Physical Exam Findings:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tentative Diagnosis/Rule Outs:  
\_\_\_\_\_  
\_\_\_\_\_

Laboratory/ Radiographic Data: (Please attach copies of results)  
\_\_\_\_\_  
\_\_\_\_\_

Treatments/Medications: (Please attach additional medical records)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please inform referral clients of the \$95 transfer fee — the attending doctor at Town and Country Veterinary Clinic will prepare an itemized estimate for treatment upon arrival. Your client will be responsible for a deposit of the full estimate amount.**