



5886 Tutt Blvd | Colorado Springs, CO 80923 | 719-473-0482

Internal Medicine Services at Powers Pet Emergency

Referral Form

**** PLEASE COMPLETE THIS FORM AND RETURN VIA FAX 719-434-9502 OR EMAIL
internalmedicine@powerspetemergency.com****

Referring Veterinarian
Referring DVM: _____
Hospital Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-Mail: _____
Preferred Method of Contact: Phone / Fax / E-Mail

Patient Information
Owner's Name: _____
Pet's Name: _____
Species: _____ Breed: _____
Age: _____ Sex: M / NM / F / SF
Diagnosis: _____
Previous Medical Conditions: _____

Reason For Referral:

Brief Medical History:

Latest Treatments / Medications Administered:

Comments:

****PLEASE SEND ALL PERTINENT X-RAYS, LAB WORK, AND MEDICAL RECORDS TO
719-434-9502 -or- internalmedicine@powerspetemergency.com****