



CARE +

CHARLOTTE ANIMAL  
REFERRAL & EMERGENCY

## Referral Form

Today's Date: \_\_\_\_\_ Department: \_\_\_\_\_

Emergency:  Yes  No

Owner: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Age/DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Species: \_\_\_\_\_

\_\_\_\_\_

Breed: \_\_\_\_\_

City: \_\_\_\_\_

Sex: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Rabies Vaccination:  Y  N

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Referring Clinic: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Communication Method:  Phone  Email  Fax

Communication Notes: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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