



Emergency Pet Clinic
Phone- 210-822-2873
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8503 Broadway
Suite 105
San Antonio, TX 78217

Referring DVM: _____
Referring Hospital: _____

Do you want to be called tonight/ leave phone number? _____

Owner information:

Name: _____ Phone number: _____
Address: _____

Patient information:

Name: _____ Breed: _____
Age: _____ Sex: **M** or **F** Sexually Intact: **Y** or **N** Vaccine status: Current **Y** or **N**
Heartworm status: Current on preventative **Y** or **N**
Retroviral testing in past 6 mo: **FELV** pos neg unknown, **FIV** pos neg unknown
CPR directives: **CPR DNR**

Other pertinent medical history: _____

Working diagnosis: _____

Items sent with patient: Medical Record Radiographs Labwork PO Meds Fluids

Outside labs pending: _____

Fluids given: rate _____ total volume _____ type _____

Antibiotics (mg) _____ Last given _____

Steroids (mg) _____ Last given _____

Analgesia (mg) _____ Last given _____

Other medications (mg) _____ Last given _____

Surgery performed _____

Do you expect complications? No yes

Referred for: overnight care ongoing 24-hr care abdominal U/S* Endoscopy*

If your patient is transferring back, how will it be transported? owner clinic staff

Brief history (phone calls always appreciated prior to transfer): _____

*Available Mon-Thurs, call for after hours and weekend availability.