



# NOR CAL VETERINARY EMERGENCY AND SPECIALTY HOSPITAL

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## Partner/Referring Hospital Information Sheet

We are honored to be a partner in the care of your patients and accept this responsibility very seriously. As in any partnership, we recognize that thorough and prompt communication is crucial to providing an extraordinary level of care for your patients. To that end, the purpose of this questionnaire is to gather the information necessary to facilitate thorough and seamless patient care between Nor Cal Veterinary Emergency and Specialty Hospital and its partner veterinary hospitals.

**Name of Hospital:** \_\_\_\_\_  
**Hours/Days of Operation:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Inside Line:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Hospital Email:** \_\_\_\_\_  
**IDEXX Account #:** \_\_\_\_\_

### **Veterinarians:**

Please include contact info for each if direct contact is desired after hours. Also, please indicate when it is acceptable to contact (eg: "do not call after 10PM").

<u>Doctor</u>	<u>Phone/Cell</u>	<u>Email</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate preferred method(s) of communication regarding cases/transfers:

Phone (hospital) : \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Comments/Requests** regarding the specific areas below will assist us in meeting your expectations, providing excellent communication, and delivering an optimal level of care to you and your patients:

Direct transfer of patients from your hospital to NCVES:

Return transfer of patients from NCVES to your hospital:

Specialist referrals:

General communication: