



## Referring Clinic Protocol Sheet

AA Animal ER Center is open Mon – Fri 5:30pm to 8am and 24 hours on weekends and holidays. We treat and hospitalize patients during those times and transfer them back to your clinic when we are closed if follow-up care is needed. Copies of the medical record are faxed or emailed to your office for your files.

Please complete this form and return via email or fax so that we may assist you and fully coordinate patient care.

Hospital Name \_\_\_\_\_

Hospital Address \_\_\_\_\_

Phone \_\_\_\_\_ Backline \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_ Website \_\_\_\_\_

Hours: Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Are you open Holidays? If yes, please list, including hours \_\_\_\_\_

If you are closed on a morning that we need to transfer your patient back to you, where would you like us to send them? \_\_\_\_\_

Please list Doctors affiliated with your Hospital and their contact phone numbers  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact the Doctor(s) after hours at home regarding a case? If so, any restrictions?  
\_\_\_\_\_

What specialty surgeries do you perform? \_\_\_\_\_

Do you perform Endoscopy or Ultrasound? \_\_\_\_\_

Do you have oxygen/oxygen cage? \_\_\_\_\_

Can we transfer/refer cases to you? \_\_\_\_\_

Do you see exotics? If yes, which ones? \_\_\_\_\_

Anything else we should know regarding your practice/procedures? \_\_\_\_\_  
\_\_\_\_\_

Date completed \_\_\_\_\_

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*Compassionate Critical Care*

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