

Doctor Contact Sheet for Animal Urgent Care

Updated May 2010

In an effort to better serve both you and your clients, we would appreciate it if you would take a moment to fill in the following information. The phone numbers will be kept confidential, and will be used by our staff only when necessary. The completed form can be mailed to the clinic or faxed to (949) 364-1730. Also available online at www.aucsoc.com

Hospital Name: _____

Address: _____

City: _____ Zip Code: _____

Hospital Phone: _____ Back Line: _____ FAX: _____

Hours of Operation: M _____ T _____ W _____ Th _____ F _____ S _____ Sun. _____

Doctor's Hours: M _____ T _____ W _____ Th _____ F _____ S _____ Sun. _____

Dr.(s) NAMES AND PHONE NUMBERS:

NAME _____ HOME # _____ CELL # _____

NAME _____ HOME # _____ CELL # _____

NAME _____ HOME # _____ CELL # _____

NAME _____ HOME # _____ CELL # _____

NAME _____ HOME # _____ CELL # _____

NAME _____ HOME # _____ CELL # _____

Communication is important. When would you prefer to be called?

Your client requests we call you after hours? Y N

Your client's pet has any serious problems ? Y N

Your client's pet has post-surgical complications? , , , , , , , , Y N

Your client's pet needs to be transferred to a specialist? Y N

Until what time in the evening may we call you? (if applicable) _____ o'clock

In the event we find it necessary to transfer your client's pet, where would you like us to send them?

Cardiology 1st choice _____ 2nd choice _____

Critical Care 1st choice _____ 2nd choice _____

Internal Medicine 1st choice _____ 2nd choice _____

Neurology 1st choice _____ 2nd choice _____

Oncology 1st choice _____ 2nd choice _____

Ophthalmology 1st choice _____ 2nd choice _____

Orthopedic Surgery 1st choice _____ 2nd choice _____