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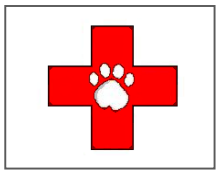
Animal Emergency & Referral Center of York



1640 S. Queen St. York, PA 17403

Surgery

Dr. Tara Rabuffo, DACVS

Client/Patient Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: ( ) _____ Alternate Phone: ( ) _____

E-mail Address: _____

Patient Name: _____

Species/Breed: _____ Sex: _____ Age: _____

Referring Veterinarian Information

Veterinarian: _____ Hospital: _____

Address: _____

Phone: ( ) _____ Fax: ( ) _____

Medical History

Significant general medical history: _____

History of presenting problems, including treatment: _____

Other comments: _____

Please attach copies of pertinent records and/or laboratory results. Thank you!
Fax: (717) 764-8725