



## REFERRAL POLICY

550 Pine Glen Rd  
Riverview, NB E1B 4X2  
506-387-4015 fax: 387-7646  
[info@riverviewah.ca](mailto:info@riverviewah.ca)

We request that you follow these steps when referring a patient to Riverview Animal Hospital in order for us to provide the best care possible, quickly and efficiently.

1. Please complete our “Referral Form”, it can be downloaded, printed and faxed to 387-7656 or emailed to [info@riverviewah.ca](mailto:info@riverviewah.ca)
2. Please ensure that all pertinent medical history has been sent in a timely manner so that we are able to quickly assess the patient and assist them as quickly as possible.
3. Once information is sent, please call the hospital so that we can ensure you talk to our veterinarian that will be taking over the case.
4. If animal is coming for overnight critical care, please fill out Treatment sheet.

Thank you for your referral, we appreciate your continued confidence in the services we provide. Please let us know if you have any suggestions to improve your experience with our hospital.



**REFERRAL INSTRUCTIONS:** When referring your patient to RAH, please complete this form and forward it as well as all pertinent medical records and fax to 387-7656 or email to [info@riverviewah.ca](mailto:info@riverviewah.ca) Along with above information please ensure that you contact the Dr. that will be managing the case at RAH to ensure continuity of care.