



550 Pine Glen Road  
Riverview, NB E1B 4X2  
T: 506.387.4015  
F: 506.387.7656  
info@riverviewah.ca

## Patient Referral Form

### Referral Veterinarian Information

Veterinarian: \_\_\_\_\_ Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Patient Information

Client's Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Reason for Referral: *Please check one of the following*

- Emergency
- Hospitalization/Critical Care
- Medical Procedure: ie. CT, Ultrasound, Endoscope, Behaviour, Surgery

Please note one of the following 3 timelines: **A team member at RAH will call the client to set up appointments for Next available and Urgent requests.**

- Next Available** - Patient is stable and can have procedure/Appointment within the next 2 weeks.
- Urgent** - Patient should be seen within 24 hours.
- Emergency** - Patient is on their way to the hospital.

### Pertinent Medical History (Including Current Diagnostics/Treatments/Medications)

Please send medical Records, including Radiographs.



**REFERRAL INSTRUCTIONS:** When referring your patient to RAH, please complete this form and forward it, as well as all pertinent medical records to info@riverviewah.ca or 506.387.7656. If this is an emergency please contact our Emergency Doctor Team directly, 506.387.4015 (press option 8). **\*As a reminder all recheck appointments and medication refills are required to be done at the clients referring Veterinary Hospital, with the exception of Orthopedics which will be followed until case completion.**

[www.riverviewanimalhospital.ca](http://www.riverviewanimalhospital.ca)