

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

Preferred Communication:

- I would like a call from the Doctor
- Please book the appointment with the client

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.