



# Princess Animal Hospital

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[www.princessanimalhospital.com](http://www.princessanimalhospital.com)

## Patient Referral Form

### REFERRING VETERINARY INFORMATION

Dr. \_\_\_\_\_ Hospital Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

### CLIENT INFORMATION

Name: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

### PATIENT INFORMATION

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Sex:  M  F Neutered/Spayed:  Yes  No Colour: \_\_\_\_\_ Weight: \_\_\_\_\_

Patient is:  CRITICAL  STABLE

Referral Reason:  No Appointments Available  We Are Closed/Closing  Patient Needs Overnight Monitoring

If the patient requires further hospitalization, would you like them returned to your hospital in the morning?

Yes  No

Case Summary: (Please attach any information such as medical records, lab results, additional sheets, current treatments being given, when was the last dose, and when is it next due)

Lab Samples:  Coming with Client  Not Collected Yet  Complete and Attached

X-Rays:  Coming with Client  Not Performed Yet  Emailed to [pah@princessanimalhospital.com](mailto:pah@princessanimalhospital.com)

### Checklist:

- Medical records have been faxed
- Client is aware of exam fee and that a treatment plan will be reviewed at admission.
- PAH has been called and notified of estimated time of arrival
- Client has been informed that **if the animal is stable** and PAH has another critical patient, there may be a wait