



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 urgentcare@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