

Thank you in advance for your referral.

Once we receive this form, we will contact you to arrange the transfer of relevant medical records, lab work and radiographs. (DICOMs if possible please) through our online portal. This will allow you to fill out this form and offers easier communication and uploading of records, lab work and radiographs.

Alternatively, you can go directly to our online referral portal [Click here](#)

### **Patient Referral Form**

Referring Veterinarian:

Veterinary Hospital:

Email:

(for records transfer and communication if you choose not to use our referral portal)

Hospital Phone:

Mobile:

Preferred form of contact.  Email  Hospital Phone  Mobile  Text

#### **Client Information:**

Name:

Email:

Daytime Phone:

Alternate Phone:

**Patient Information:**  Canine  Feline Sex:  M  MN  F  FS

Name:

Breed:

Age:

Weight:

Current Medications:

Medications to Avoid:

Food allergies:

Reason for Referral:

Relevant History:

Any Special requests?

Referral to:

Dr Bhandal  Dr Smith  No preference/next available  Urgent