



Patient Referral Form

Referral Veterinarian Information

Veterinarian: _____ Hospital: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Patient Information

Client's Name: _____

Patient's Name: _____ Species: _____ Breed: _____

Address: _____ City: _____ Postal Code: _____

Phone number: _____ Secondary Phone Number: _____

Other Contact Name: _____

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

- Emergency (Please call the emergency team for referral)
- Hospitalization/Critical Care (Please call the emergency team for referral)
- 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 2 timelines: **A team member at RAHC will call the client to set up appointments for Next Available.**

- Next Available** - Patient is stable and can have procedure/appointment within the next 2 weeks.
- Communication made and patient is on the way**

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

Please send medical Records, including Radiographs.



REFERRAL INSTRUCTIONS: When referring your patient to RAHC, 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.**
riverviewanimalhealthcentre.ca