

**Referral for:**

- Emergency
- Surgery
- Neurology
- Internal Medicine
  - Endoscopy
  - Ultrasound

**Client Information:**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Co-Owner Last Name (if different from above): \_\_\_\_\_ Co-Owner First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

E-mail: \_\_\_\_\_ Preferred Contact Method?  Email  Phone

Referring Veterinary Practice: \_\_\_\_\_ Referring Veterinarian: \_\_\_\_\_

Other Authorized Caregivers/Decision makers and contact info (incl. co-owner's contact numbers):

**Patient Information:**

Patient Name: \_\_\_\_\_ Age or date of birth: \_\_\_\_\_ Breed: \_\_\_\_\_

Colour & markings: \_\_\_\_\_ Sex:  Male  Female  Intact  Neutered

Last known weight: \_\_\_\_\_  Kilograms  Pounds \_\_\_\_\_ Date of weight (if known): \_\_\_\_\_

Vaccines up to date?  Yes  No Heartworm Prevention?  Yes  No Product name: \_\_\_\_\_ Indoors only?  Yes  No

Reason for Referral / Clinical History \*please send relevant history only; full medical history is generally not required

**Treatment to Date\*:**

\*For referral to Emergency Service; please include time, dose and frequency of medications and the date IV catheter was placed (Please note, all IV catheters will be assessed upon admission and replaced at our discretion).

**Lab Reports and Images:**

Lab Reports  Emailed  Faxed  Sent with Client

Treatment Sheets  Emailed  Faxed  Sent with Client

Radiographs  Emailed  Faxed  Sent with Client

Clinical Images and Videos  Emailed  Faxed  Sent with Client

Please email documents and images to [frontdesk@londonregionalvet.com](mailto:frontdesk@londonregionalvet.com) or fax to 519-432-0298

**Other Information:**

**Thank You for referring this case to London Regional Veterinary Emergency and Referral Hospital**

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

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