



### Referral for

- Emergency
- Surgery
- Neurology
- Internal Medicine

### Client Information

Owner Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tel (H) \_\_\_\_\_  
 Tel (C) \_\_\_\_\_  
 Tel (W) \_\_\_\_\_

### Patient Information

Animal Name \_\_\_\_\_  
 Species \_\_\_\_\_  
 Breed \_\_\_\_\_  
 DOB / Age \_\_\_\_\_  
 Sex  M  F  MC  FS

### Reason for Referral / Clinical History

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\*For referral to Emergency Service; please include time, dose and frequency of medications and the date IV catheter was placed.

### Referring Veterinarian

Name \_\_\_\_\_  
 Practice Name \_\_\_\_\_  
 Tel \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Preferred method of communication:

- Email  Fax  Phone

### Lab Reports and Images

- Lab Reports  Emailed  Faxed  Sent with Client  
 Treatment Sheets  Emailed  Faxed  Sent with Client  
 Radiographs  Emailed  Sent with Client  
 Clinical Images & Videos  Emailed  Sent with Client

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

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