



PHASES

Veterinary Emergency Hospital

Referral Process: Please note that all medical notes must be sent along with this referral form, and all areas of this referral form must be filled out. Areas left blank, or a lack of medical records, may slow the process of your referral application or it may be declined. Along with submitting this form and the medical records, a veterinarian or RVT involved with the case must call PVEH and speak with one of our veterinarians or RVTs regarding the referral. These steps must be completed prior to the patient arriving at our facility to ensure a smooth transition of care. Thank you for your understanding.

Referring Veterinarian Information:

Veterinarian's Name:	
Hospital Name:	
Hospital Address:	
Hospital Phone Number:	
Hospital Email Address:	

Can we call you about this case after regular business hours? YES or NO

If yes, what number can we reach you at?

Client Information:

Owners Name:	
Owners Address:	
Owners Phone Numbers:	
Owners Email Address:	

Patient Information:

Name:	
Age:	
Breed:	
Colour:	

Reason for Referral:

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Owners Expectations of care at PVEH:	
Estimate that you were provided over the phone by PVEH staff:	
Owner's financial situation: (Financial limits, insurance etc)	

Please select one of the following options:

Full transfer of care until PVEH team feels patient is ready to be discharged

OR

Overnight transfer of care with return to your practice in the morning

Diagnostics:

(Please summarize any completed diagnostics below, and ensure all diagnostic results are sent to PVEH with this referral form).

BLOODWORK:	
URINALYSIS:	
RADIOGRAPHS:	
ULTRASOUND:	
OTHER:	

List of Current Medications and Treatment:

IV Catheter placed? Size and date/time placed?	
Fluid Therapy Provided? (Type of fluids, route, amount)	
Medications Administered? (Type, dose, route, time) Example: Metacam 5mg/mL, 0.1mg/kg, SQ, 4:30pm on day of transfer	
Medications Prescribed and Sent with the Patient?	
Other Treatments? (Surgical procedures, u-cath unblocking, etc)	

Other Medical History:

(Eg. Cushing's that is being managed, Atopy that is being managed, Seizure disorder etc)

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Preventative Care History:

Rabies Vaccine UTD?	
Other Vaccines UTD?	
Flea/Tick/Deworming UTD?	

Updates:

Would the referring vet or clinic like updates on this patient while they are in our care if time permits?

Y or N

Note: Records will be sent back to the referring clinic within 72 hours of the patient leaving our facility.

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