4 Paws
24 HOUR
Veterinary Hospital

6410 Lady Hammond Rd
Halifax, NS B3K 2S3
T: 902.225.7543 | F: 902.334.0285
info@4pawsveterinaryhospital.com
www.4pawsveterinaryhospital.com

Patient Referral Form

REFERRING VETERINARY INFORMATION

Dr. _____ Hospital Name: _____

Phone Number: _____ ☐ Fax Number: _____ ☐ Cell Number: _____ ☐

Email: _____ ☐

Please click the appropriate box to indicate your preferred method of contact.

CLIENT INFORMATION

Name: _____ Full Address: _____

Contact Number: _____ Email: _____

PATIENT INFORMATION

Name: _____ Breed: _____ D.O.B: _____

Sex: ☐ M ☐ F Neutered/Spayed: ☐ Yes ☐ No Colour: _____ Weight: _____

Patient is: ☐ CRITICAL ☐ STABLE ☐ HEALTHY

Referral Reason: ☐ Unable to accommodate appt ☐ Overnight hospitalization/critical care

Case Summary: (Please attach any information such as medical records, lab results, or additional sheets)

Proposed Treatment Plan (Please fill out detailed treatment/medication sheet for overnight hospitalization)

Checklist:

- ☐ Medical records are attached to this submission form.
- ☐ Client is aware of exam fee and that a treatment plan will be reviewed at admission.
- ☐ 4 Paws has been called and notified of estimated time of arrival.
- ☐ Client has been informed that **if the animal is stable** and 4 Paws has another critical patient, there may be a wait.

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Lab Samples: ☐ Client will bring with pet ☐ Not Collected Yet ☐ Complete and Attached

X-Rays: ☐ Coming with Client ☐ Not Performed Yet ☐ Emailed to **info@4pawsveterinaryhospital.com**

Referral Instructions: When referring your patient to 4 Paws, please complete this form and forward it along with all pertinent medical records by fax to 902.334.0285 or send an email to info@4pawsveterinaryhospital.com. Please ensure that you contact the Doctor that will be managing the case at 4 Paws to ensure continuity of care.