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

Dr. Erin Cambier
Dr. Ashlee D'Entremont
Dr. Jamey Erjavec
Dr. Stephanie Graham
Dr. Kip Grasse
Dr. Stephanie Hayward
Dr. Alanna MacKinnon
Dr. Brittni Milligan
Dr. Hannah Porter
Dr. Jenna Seguim
Dr. Kathryn Sykes

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 management to conclusion

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)

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.