



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. Stephanie Graham  
Dr. Kip Grasse  
Dr. Stephanie Hayward

Dr. Karl Mitchell  
Dr. Brittini Milligan  
Dr. Hannah Porter  
Dr. Jenna Seguin  
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](mailto: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](mailto:info@4pawsveterinaryhospital.com). Please ensure that you contact the Doctor that will be managing the case at 4 Paws to ensure continuity of care.