



## REFERRING VETERINARIAN INFORMATION

Referring Hospital: \_\_\_\_\_ RDVM Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## CLIENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## PATIENT INFORMATION

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex:  M  F Spayed/Neutered:  Y  N Weight: \_\_\_\_\_ Colour: \_\_\_\_\_

Patient is:  Critical  Stable  Healthy

### Referral Reason:

### Medical History (Please provide all information including exam findings, diagnostics performed, treatment and current medications/dosages)

### Lab Samples:

- Coming with Client
- Not Performed Yet
- Completed and Sent to Paramount

### X-Rays:

- Coming with Client
- Not Performed Yet
- Completed and Sent to Paramount

### Patient Referral Checklist:

- Medical Records have been sent to Paramount
- Client has been informed of cost estimate provided by Paramount
- Paramount has been called and notified of estimated time of arrival
- Client has been informed that if the animal is stable and Paramount has another critical patient, there may be a wait

Please send all medical documents to [info@paramount24hr.com](mailto:info@paramount24hr.com)