



Referral / Transfer Form

(For use in house or by referring veterinarians)

Complete and fax to: (828) 328 – 5638

Urgent Referrals: Call us at (828) 328 - 6697

Referring DVM Information

Date:

Initials:

Referring DVM _____

Hospital Name _____

Hospital Phone # _____

Client and Patient Information

Client Name _____

Client Address _____

Client Phone # _____

Patient Name _____

Breed _____ Age _____ Sex _____

Referral Specific Information

Referring to: Internal Medicine Surgery Critical Care Rehabilitation

Emergency (overnight ICU)

Reason For Referral / Transfer _____

Relevant Medical History and Diagnoses _____

Current Medications _____

Please attach pertinent info to this fax (medical records, lab results). If radiographs were taken, they will come with client, or be e-mailed to unifour.images@vrhoh.com