

Please send to referral@hvoc.com.hk

Referral Date: _____

Veterinary Referral Form

Owner Information

Owner Name _____

Owner Tel. _____

Client Number _____

Patient Information

Patient Name _____

Date of Birth/Age _____

Sex ☐ M ☐ F Neutered ☐ Y ☐ N

Breed _____

Species ☐ Canine ☐ Feline ☐ Others

Referring Veterinarian (rDVM)

Veterinarian Name _____

Veterinary Clinic _____

Clinic Phone _____

Fax _____

E-mail _____

Address _____

Referral Service

☐ Cardiology ☐ Dentistry ☐ Medical Oncology ☐ Pain Management ☐ Radiation Oncology ☐ Surgery

☐ Hospitalization ☐ Others:

Special Arrangements Necessary, Others (please specify):

Reason for Request Please tell us why you are seeking this consultation.

History of Present Illness Please include clinical signs, and their onset, duration or progression, and severity.

Summary of Clinical Findings Please include date(s) and pertinent results. Please also send lab reports and imaging.

Current Treatments Please include any current or previous treatments associated with this illness and response.

Specific Questions, Comments or Concerns, and Special Arrangements Details.

Remarks: Indicate pertinent records submitted for review. Please send to referral@hvoc.com.hk

Case Summary

☐ Yes

☐ No

Pertinent Medical History

☐ Medical Notes ☐ Histology Report

☐ Lab Results ☐ Cytology Report

Imaging (with interpretation)

☐ Radiographs ☐ CT Scan Report

☐ Ultrasound ☐ MRI Scan Report

Others: