BOUNDARY BAY
VETERINARY SPECIALTY HOSPITAL

10436 173rd St., Surrey, BC, V4N 5H3
Phone: 604-514-8383
FAX: 604-427-2494
www.bbvsh.com | info@bbvsh.com

REFERRAL REQUEST

DATE: _____/_____/_____

REFERRAL TO:

- ☐ Critical Care*
- ☐ Cardiology
- ☐ Neurology
- ☐ Oncology
- ☐ Surgery
- ☐ Emergency
- ☐ Internal medicine
- ☐ Animal Rehabilitation

* Critical Care: This is a specific referral to board-certified critical care specialist. If it is after hours, there will be a call-in fee.

TYPE:

☐ Direct Transfer / Immediate **** ☐ Urgent *(1-2 days)* ☐ Next available appointment

****Please call **604-514-8383** when sending direct transfers

ESTIMATED TIME OF ARRIVAL IF SENDING IMMEDIATELY: _____

REFERRING VETERINARIAN

Referring Hospital _____

Veterinarian _____

Daytime Phone _____ After Hours Phone _____

Email _____ Fax _____

Preferred Method of Contact ☐ Phone ☐ Fax ☐ Email

CLIENT INFORMATION

First Name _____ Last Name _____

Street Address _____ City _____ Postal Code _____

Home Phone _____ Mobile Phone _____

Email _____

PATIENT INFORMATION

Name _____ Breed _____

Species _____ Birthdate _____/ _____/ _____

Sex ☐ M ☐ MN ☐ F ☐ FS Fur Colour _____ Weight _____ ☐ lbs ☐ kg

REASON FOR REFERRAL *e.g. clinical history, PE findings, etc.*

_____

_____

_____

_____

_____

_____

PLEASE NOTE:

Please send all relevant records, lab results and diagnostic images. Once you have faxed your referral, please contact our office to confirm receipt.

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REFERRAL REQUEST

DIAGNOSTICS *e.g. lab reports. etc.*

TREATMENTS

MEDICATIONS & DOSAGES

RELEVANT RECORDS

RECORDS SENT BY ☐ Fax ☐ Email ☐ Coming with owner

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