



REFERRING VETERINARIAN INFORMATION

Referring Hospital: _____ RDVM Name: _____

Phone: _____ Email: _____

CLIENT INFORMATION

Name: _____

Address: _____

Phone: _____ Email: _____

PATIENT INFORMATION

Name: _____ Breed: _____ DOB: _____

Sex: M F Spayed/Neutered: Y N Weight: _____ Colour: _____

Patient is: Critical Stable Healthy

Pet Insurance & Policy Number: _____

Illness/Injury Claim Should be Submitted Under: _____

Referral Reason:

Current Medication(s) (Please do not put defer to medical records.)

Medical History (Please provide all information including exam findings, diagnostics performed and treatment)

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