



Prince George Veterinary Hospital  
 3827 18th Avenue  
 Prince George, BC  
 V2N 1B1  
 Phone: (250) 563-1541  
 Fax: (250) 563-1715



<b>Referral Veterinarian Information:</b>		Date:	_____
Veterinarian:	_____	Hospital:	_____
Phone:	( ) _____	Fax:	( ) _____
Address:	_____		
Email address:	_____		
Best day/time to contact you:	_____		

<b>Patient Information</b>					
Client's Name:	_____				
Phone (1):	( ) _____	Phone (2):	( ) _____		
Mailing Address:	_____				
	_____				
<b>Patient's Name:</b>					
Species:	_____	Breed:	_____		
Birthdate:	_____	Colour:	_____		
Gender:	_____				
<b>Reason for Referral:</b>					
Procedure(s) Requested:	_____				
(Please check box)	<input type="checkbox"/> Consultation	<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Surgery	<input type="checkbox"/> Other	
<b>History:</b>					
_____					
_____					
_____					
<b>Method of Delivery</b>					
Patient file:	Email	Fax	Mail	Hand Delivery	Date Sent: _____
Diagnostics:	Email	Fax	Mail	Hand Delivery	_____
Radiographs:	Email	Fax	Mail	Hand Delivery	_____

Date range requested for referral:	_____ (m/d/y)-(m/d/y)
Additional Information:	_____
	_____
	_____
	_____
	_____