

URGENT REFERRALS REQUEST



Referral to: (please circle one)

Note: Cost is per service for consultation and emergency fee

Surgery - \$260 +HST	Neurology - \$300 +HST	Ophthalmology - \$362 +HST
Internal Medicine - \$260 +HST	Cardiology - \$200 +HST	Emergency - \$145-500 +HST
RDVM: _____		Hospital: _____
Phone: _____		Fax: _____
Client: _____		Phone: _____
Address: _____		City: _____
Postal Code: _____	Additional Phone #'s: _____	
Patient: _____		Breed: _____
Age: _____	Sex: _____	Weight: _____
** Please completely fill in <u>client/patient</u> information so records can be entered ahead of time. **		
Current Medications:		
Tentative Diagnosis:		

Please read the following. Initial each item, and sign at the bottom to acknowledge your acceptance of these terms.

<p>A Specialist Consultation has been arranged for your pet on short notice, without a scheduled appointment. To facilitate this Consultation your pet will be admitted to the hospital and initially assessed by the attending Emergency Department Veterinarian.</p>	_____
<p>Patients seen by the Emergency Department are admitted on a first-come, first-served basis, however patients presenting with conditions requiring immediate attention will be given priority. Consequently, it is not possible to provide a precise estimate with respect to how long you will need to wait for your pet to be assessed.</p>	_____
<p>Drop-offs are not permitted. All clients must remain at the hospital until the attending Veterinarian has performed the initial examination of their pet. Once your pet has been admitted you are no longer required to remain at the hospital, but it is your responsibility to ensure that the Emergency Veterinarian and/or Specialist will be able to contact you as necessary.</p>	_____
<p>The cost of the services provided by the Emergency Department will depend on the condition of your pet. If your pet requires immediate care beyond this level, the Emergency Veterinarian will discuss this with you at the time your pet is admitted to the hospital. Please note that these expenses are in addition to any of the costs associated with the Specialist Consultation.</p>	_____

Client Name

Client Signature

Date