

**Southern NH Veterinary Referral Hospital**

336 Abby Rd, Manchester, NH 03103

Phone: 603-782-8181 / 603-782-8167

Email: info@snhvrh.com Web: www.snhvrh.com

**REFERRAL FORM**



DATE: \_\_\_\_\_ REFERRING CLINIC / HOSPITAL: \_\_\_\_\_

REFERRING VETERINARIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Preferred Contact Method:  Phone  Fax  Email

**SERVICE TO WHICH REFERRED:**

- Internal Medicine       Cardiology       Surgery
- Oncology       Neurology       Outpatient imaging (\*\*requires different form\*\*)

CLIENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Allergies/Precautions: \_\_\_\_\_ Weight (indicate lb vs kg): \_\_\_\_\_

REASON FOR REFERRAL:

SIGNIFICANT HISTORY (include concurrent conditions, anesthetic concerns, etc):

PHYSICAL EXAM FINDINGS:

DIAGNOSTICS PERFORMED / PERTINENT RESULTS:

TENTATIVE DIAGNOSIS:

CURRENT MEDICATIONS / THERAPIES:

QUESTIONS YOU WANT ANSWERED FROM CONSULTATION:

HAVE YOU PROVIDED THE OWNERS WITH AN ESTIMATE?

**Please forward all medical records, including lab results and radiographs, in addition to this form.**

Records can be sent via email to info@snhvrh.com or by fax to 603-782-8167.

*Thank you for your referral!*