T: +65 6581 7028
F:+65 6602 8290
referrals@veshospital.com.sg

VES
Veterinary Emergency & Specialty Hospital

2-14 Rochdale Road
SINGAPORE 535815
Veshospital.com.sg

Veterinary Referral Form

DATE OF REFERRAL: 20/09/1977 (DD/MM/YYYY)

REQUEST: ☐ **NEXT AVAILABLE APPOINTMENT** ☒ **URGENT** (1-2 days) ☐ **EMERGENCY** (same day)

REFERRAL TO:

- ☐ Emergency & Critical Care
- ☐ Internal Medicine
- ☐ Ophthalmology
- ☐ Diagnostic Imaging
- ☐ Surgery
- ☐ Cardiology
- ☐ Specific Clinician Desired:

REFERRING VETERINARIAN INFORMATION

Practice Name:_____

Veterinarian Name:_____

Phone Number:_____

Email:_____

Fax:_____

OWNER / PET INFORMATION:

Owner Name:_____

Owner Phone Number:_____

Pet Name:_____

Species: Dog

Age:_____

Breed:_____

Gender Male

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CLINICAL INFORMATION:

Problem(s):_____

Diagnostics performed to date:_____

Current treatment(s):_____

Other Comments:_____

Attach relevant Files to the Email.

If your patient requires immediate transfer, please call us at 6581 7028 after submitting this form.

If you have any questions regarding the department to refer or if you would like to speak to one of our clinician directly, please call us at 6581 7028.