

## When your pet is referred to Oradell Animal Hospital.....

If you are being referred on an emergency basis we are here for you 7 days a week, 24 hours a day. Call 201-262-0010 for an appointment.

Before you arrive, please make sure you have all of your pet's medical information readily available in order for us to help facilitate treatment and possible admission to the hospital. Please remember to bring the following:

- ◆ Your veterinarian's referral form to Oradell Animal Hospital
- ◆ Your pet's records including medical history and examination reports
- ◆ Most recent diagnostic test results

Our specialist will evaluate your pet, and make recommendations regarding diagnostics and treatment based on the findings of the physical examination and the history provided by you and your veterinarian.

Oradell Animal Hospital will work closely with you and your veterinarian to manage your pet's condition in order to provide the most consistent and complete care. We will contact your primary care doctor and provide her/him with any necessary information when the referral treatment is completed.

## Client Referral Form

Client Name: \_\_\_\_\_

Client Telephone: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Species/Breed: \_\_\_\_\_

Veterinarian's office to fax records

Owner to bring records

Radiographs  Date performed: \_\_\_\_\_

**Reason for referral:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Referred to which service/doctor:** \_\_\_\_\_

This form can be sent with your client or faxed to 201-262-4275 or 201-262-5509  
Please be sure that your patient's vaccination status is current prior to the referral.

If you fax this document to us, please make sure you give a copy to your client. *Thank you.*