ANIMAL EMERGENCY CLINIC
of the Fraser Valley

6325 204th Street, Unit 302
Langley, BC V2Y 3B3
604-514-1711
AnimalEmerg.com

REFERRAL FORM | *INTERNAL MEDICINE*

Date: _____

REFERRING VETERINARY INFORMATION

Practice Name:

Referring Veterinarian: Phone:

Email: Preferred Method of Contact: ☐ Phone ☐ Email

CLIENT INFORMATION

Owner's Name: Email:

Street Address: Phone:

City: Province: Postal Code:

PATIENT INFORMATION

Patient's Name: ☐ Canine ☐ Feline Breed:

☐ Male ☐ Female Spayed/Neutered? ☐ Yes ☐ No Age: Colour:

PATIENT HISTORY & REASON FOR REFERRAL

CURRENT MEDICATIONS, INCLUDING DOSE, ROUTE, AND TIME (if applicable)

DIAGNOSTICS PERFORMED (Attach results or state if pending)

OTHER COMMENTS

Please send this form and any records
via our Referring Veterinarian Online Portal, or to internalmedicine@animalemerg.com.