



Animal Medical Academy Hospital  
動物醫療學會醫院  
A member of EC Healthcare

(852) 3899 8999 enquiry@amahvet.com.hk  
Shop No. 12-17, G/F Harbour Crystal Center, 100 Granville Road,  
Tsim Sha Tsui East, Kowloon

## Animal Medical Academy Hospital Case Referral Form

Booking Date : \_\_\_\_\_ Time : \_\_\_\_\_

### To be completed by rDVM only

#### Patient Information :

Patient Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_

Sex : ☐ Male ☐ Female

Breed : \_\_\_\_\_

Species : ☐ Canine ☐ Feline

#### Owner Information :

☐ Mr. ☐ Mrs. ☐ Ms.

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

Phone : \_\_\_\_\_

Neutered : ☐ Yes ☐ No

Referral to Neurology / Cardiology or others, please specify :

☐ Neurology

☐ Cardiology

☐ Others

Reason for referral :

Clinical information (patient history / current treatments / specific arrangements required) :

Current medication :

Allergy history of : ☐ Contrast medium

☐ Other allergies : \_\_\_\_\_

### rDVM information

Veterinarian Name : \_\_\_\_\_

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

Veterinary Clinic : \_\_\_\_\_

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

Clinic Phone : \_\_\_\_\_

**There is currently no emergency and inpatient service available 24 hours a day. Please refer to another 24hr veterinary clinic if animal's situation is unstable.**

Clinic Chop: \_\_\_\_\_

Signature of Doctor: \_\_\_\_\_