AMAH
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

Case Referral Form

Booking Date : ________________ Time : ________________

To be completed by rDVM only

Patient Information :

Patient Name : ________________________________

Date of Birth : ______________ Age: ____________

Sex : O Male O Female

Breed : ________________________________

Species : O Canine O Feline

Owner Information :

O Mr. O Mrs. O Ms.

Name : ________________________________

Phone : ________________________________

Neutered : O Yes O 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 : ________________________________

Veterinary Clinic : ________________________________

Clinic Phone : ________________________________

Email : ________________________________

Address : ________________________________

Clinic Chop: ____________________ Signature of Doctor: ____________________