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 : ○ Male ○ Female

Breed : _____

Species : ○ Canine ○ Feline

Neutered : ○ Yes ○ No

## Owner Information :

○ Mr. ○ Mrs. ○ Ms.

Name : _____

Phone : _____

Referral to Neurology / Cardiology / Surgery / Internal Medicine or others, please specify :

- ☐ Neurology
- ☐ Cardiology
- ☐ Surgery
- ☐ Internal Medicine
- ☐ Others

Reason for referral :

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

Current medication :

Allergy history of : ☐ Contrast medium

☐ Other allergies : _____

## rDVM information

Veterinarian Name : _____

Veterinary Clinic : _____

Clinic Phone : _____

Email : _____

Address : _____

Clinic Chop: _____

Signature of Doctor: _____