



2965 Ramsey Street, Fayetteville NC 28301  
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## **Patient Referral Form**

### **Referring Veterinarian information:**

Veterinary hospital: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

How would you prefer to be contacted? ☐ Phone: \_\_\_\_\_

☐ Fax: \_\_\_\_\_ ☐ Email: \_\_\_\_\_

### **Client information:**

Client name: \_\_\_\_\_

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

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

### **Patient Information:**

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

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed or Neutered? Y/N

Reason for referral (Second opinion/Ultrasound/CT/Surgical Etc): \_\_\_\_\_

Reason for referral details

(History): \_\_\_\_\_

Current health problems/medications: \_\_\_\_\_

Is this referral urgent?: \_\_\_\_\_

Please email us medical history with notes and vaccines as well- **northgateinfo@riverbarkvet.com**