HAWTHORNE ANIMAL HOSPITAL
5 Cougar Drive Glen Carbon, IL 62034
618.288.3971 618.288.3977 Fax
www.glencarbonhawthorne.com email: info@glencarbonhawthorne.com

PATIENT REFERRAL

Please Send Radiographs and Lab Results with Client

Date: _____

Referring DVM : _____ Hospital: _____

Phone: _____ Fax: _____

Pet's Name: _____ Breed: _____ Color: _____

Client Name: _____ Client Phone: _____

Sex: M MN F FS DOB (Age): _____ Weight : _____

We will have client complete welcome sheet for complete client/patient information

Reason for Referral: _____

_____

_____

Case History: _____

_____

_____

_____

Exam/ Diagnostic Findings: _____

_____

_____

Recommendations for Treatment: _____

_____

_____

_____

_____

_____

Referral Wishes: Home (if appropriate): ____
Back to referring DVM in the AM: ____
Hold until able to discharge: ____

*All referral wishes will be strictly observed unless pet is too unstable to safely leave building. All referring doctors of hospitalized pets will be updated by fax, phone or text at least daily.

* If you would like to be informed of changes in condition/treatment, please supply number where you can be reached after office hours and when **NOT** to call.

Please Note: A deposit equal to 100% of the estimated fee will be required on all animals admitted to the hospital.