香港城市大學
City University of Hong Kong

VMC Veterinary Medical Centre

General | Specialty | 24-hr Emergency

Hours OPEN 24/7/365
Address 339 Lai Chi Kok Road
Sham Shui Po, Kowloon, Hong Kong
Phone +852 3650 3100 For Referrals Only
Fax +852 2715 3490 For Referrals Only
E-mail referrals@cityuvmc.com.hk
Web www.cityuvmc.com.hk

VETERINARY REFERRALS TEAM

We strive to raise the standards of Hong Kong's veterinary community to the highest level by integrating teams of globally experienced, high caliber veterinary professionals with state-of-the-art facilities

Veterinary Referral Form		**Date:**	
Owner / Patient Information		**Referring Veterinarian (rDVM)**	
Patient Name		Veterinarian Name	
DOB/Age		Veterinary Clinic	
Sex	○ Male ○Female Neutered: ○Yes ○No	Address ☐	
Breed		Clinic Phone ☐	
Species	○ Canine ○ Feline	Fax ☐	
Owner Name		E-mail ☐	
Owner Phone		☐ *Select preferred correspondence*	
Client Number			
☐ **Allergy for any medication, please specify:**			

Referral Service Request

Canine/Feline	Neurology
Cardiology	Ophthalmology
Critical Care	Oncology
Dentistry / Oral Surgery	Rehabilitation
Dermatology	Surgery
Internal Medicine	Others, please specify _____

☐ Special Arrangements Necessary
Our Referral Coordinator will contact you to facilitate any special needs for your patient and client

EMERGENCY 24/7/365
**A completed referral form is NOT required for access to our emergency department*

Reason for request *Please tell us why you are seeking this consultation*

History of Present Illness *Please include clinical signs, and their onset, duration or progression, and severity.*

Summary of clinical findings *Please include date(s) and pertinent results. Please send lab reports and imaging.*

Current Treatments *Please include any current or previous treatments associated with this illness and response*

Specific Questions, Comments or Concerns, and Special Arrangements Details

Remarks: Indicate pertinent records submitted for review: Please send to referrals@cityuvmc.com.hk

Case Summary	**Pertinent Medical History**		**Imaging** (with interpretation)	
☐ Yes	☐ Medical Notes	☐ Histology Report	☐ Radiographs	☐ Other:
☐ No	☐ Lab Results	☐ Cytology Report	☐ Ultrasound	

Fast your pet, no food for 12 hours and no drinks for 3 hours prior to appointment.