香港獸醫專科服務

HONG KONG VETERINARY SPECIALTY SERVICES

# Patient's information form

**Referring clinic:** | **Phone number:**

**Email Address:**

**Brief description of the condition:**

**How urgent is your case?** - (Tick as needed)

within the day: ☐

within 24 hours: ☐

can wait until next scheduled session: ☐

**Patient's information:**

**Owners:**

- Last name:
- First name:
- Full address:

- Email address:
- Phone number/Whatsapp:
- How should they be contacted?
- Preferred language: Cantonese/ English/ Others

**Patient:**

- Name :
- Vaccination status :
- Species :
- Breed :
- Age :
- Gender :