Referral information

Appointments must be arranged in advance on all admissions.

Referring veterinarian _____
Clinic name _____
Address _____
Phone and fax _____

Client name _____
Address _____
Phone and fax _____

Animal's name _____
Breed _____
Age _____
Appointment date _____ Time _____
Service type: ❑ Small animal ❑ Large animal

Date and type of last vaccination

_____
_____
_____
_____

History/physical findings

_____
_____
_____
_____

Current therapy and medication

_____
_____
_____
_____

Laboratory:

❑ Laboratory reports enclosed
❑ Radiographs enclosed
❑ Please return reports
❑ Please return films

Tentative diagnosis

1. _____

2. _____

3. _____

Referring veterinarian (please sign) _____

Handout courtesy of the Veterinary Teaching Hospital at
Western College of Veterinary Medicine, University of Saskatchewan