



Phone 604-473-3605

Fax 604-473-3620

Email team@wcvds.ca

Today's Date \_\_\_\_\_

Referral for: **Consult/Procedure**  Yes  No**OR****Radiograph Review**  Yes  No**Client Information**

Client Last Name(s):		Client First Name(s):	
Street Address		City:	Postal Code:
Primary Number:	Other:	Email:	

Has this patient or client been to our clinic before?  Yes  No**Patient Information**

Name:	Species/Breed:	Colour:
Sex:	Date of Birth:	Age:

**Referring Clinic Information**

Veterinary Hospital:	Work #
Veterinarian:	Fax #
Email:	

Refer to: Please check all that apply

 Dr. Loïc Legendre
  Dr. Adriana Regalado
  Dr. Angie Bebel
  Any
Does Dr. Nancy Brock (anesthesiologist) need to be involved in this case?  Yes  No**Status:**  Emergency  Urgent  As Available**Dental Radiographs sent by:**  Owner  Courier  Email  Not done**Reason for Referral and Patient History** (please print/write legibly and use another page if needed)

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**Questions:**

Has recent blood work been done (last 6 months)  Yes  No  Sent

**We require blood work on pets 6 years and older**

Have chest radiographs been obtained and interpreted?  Yes  No  Sent

**We require rads on pets 10 years and older, as well as ALL brachycephalic breeds regardless of age**

Has an ultrasound/echocardiogram been performed?  Yes  No  Sent

**We require cardiac ultrasound on any patients with a known heart murmur**

Has the patient been diagnosed with any of the following? Please check all that apply

- Heart Disease       Liver Disease       Seizure Disorders
- Kidney Disease       Respiratory Disease       Diabetes

Has the patient shown any of the following clinical signs? Please check all that apply

- Coughing       Sneezing       Vomiting
- Diarrhea       Respiratory Disease

What medications is the patient currently on/has been dispensed?

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Any other disease or illness, please describe and give details below

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Please attach the last 2 years of the patient's medical record. Appointments will be made once the full medical record has been received.

**This referral has been reviewed by:**

**Doctor's Signature** \_\_\_\_\_