West Coast Veterinary Dental Services

Phone 604-473-3605 Fax 604-473-3620 Email team@wcvds.ca

Consult and Procedure Referral

Today's Date _____

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:

☐ Any ☐ Dr. Loïc Legendre ☐ Dr. Angie Bebel ☐ Dr. Olivia Saunders (resident)

Does Dr. Nancy Brock (anesthesiologist) need to be involved in this case? ☐ Yes ☐ No

Status: ☐ Emergency ☐ Urgent ☐ As Available

Dental Radiographs (jpeg format only) ☐ Emailed ☐ Not done

Reason for Referral and Patient History (please print/write legibly and use another page if needed)

Questions:

Bloodwork is required on pets 6 years and older

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

Chest rads are required on pets 10 years and older, and ALL feline and canine brachycephalic breeds

Have chest radiographs been obtained and interpreted? ☐ Yes ☐ No ☐ Sent

Cardiac ultrasounds are required on any patient with heart disease (incl. murmurs and arrythmias)

Has an ultrasound/echocardiogram been performed? ☐ Yes ☐ No ☐ Sent

If required, would you like to have this arranged at our clinic with a board-certified radiologist ☐ Yes ☐ No

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/have been dispensed?

_____
_____
_____

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

_____
_____
_____

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 _____