TORONTO VETERINARY EMERGENCY HOSPITAL
24 Hour Emergency & Referral Hospital

21 Rolark Drive Toronto, Ontario M1R 3B1

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24 Hour Emergency
Critical Care
Anesthesia
Cardiology
Diagnostic Imaging
Medicine
Neurology
Oncology
Surgery

REFERRAL REQUEST

Service Referring to : ☑ ☐ Critical Care ☐ Cardiology ☐ Medicine ☐ Neurology ☐ Oncology ☐ Surgery

1. REFERRING VETERINARIAN

Referring Veterinarian :

Clinic :

Phone : Fax :

Email Address :

2. CLIENT'S INFORMATION

Client's Name :

Street : City : Postal Code :

Phone : Cell : Email :

3. PATIENT'S INFORMATION

Patient's Name : Breed :

Colour : Sex : ☐ M ☐ F ☐ Spayed/Neutered ☐ Intact Age : _____yrs _____mos

4. CHIEF COMPLAINT & HISTORY

Duration : _____ days _____ months _____ years

5. LABORATORY RESULTS

Pertinent Laboratory Results :

Laboratory Results Attached : ☐ CBC ☐ CHEM ☐ U/A OTHER :

6. CURRENT THERAPY & MEDICATIONS

7. RADIOGRAPHS

Radiology (Please list or state any rule outs or concerns you have) :

☐ FILM **or** ☐ DIGITAL Radiographs ☐ Sent with Client ☐ Emailed ☐ Timeless

8. SIGNATURE

Signature : ✖ _____ *Date :* _____/_____/_____

Thank you for your Referral