



# Dermatology Referral Form

Please fax the completed form + additional information to (604) 473-4898 or send this PDF to the e-mail referrals@canadawestvets.com. Thank you for your referral!

Please advise your clients that Canada West Veterinary Specialists will contact them directly to set up the appointment. Your clients are invited to complete a thorough history questionnaire in advance of their arrival at Canada West Veterinary Specialists and bring this form to the appointment.

Pet owners can download the *Dermatology New Patient Owner Questionnaire* on our website.

If the pet is referred for intradermal allergy testing, please note that certain medications need to be discontinued prior to the appointment. Please refer to the Intradermal Allergy Testing Protocol (available on our website).

If drug withdrawal is not possible, a dermatology consultation is still a valuable option.

**DATE OF REFERRAL:** \_\_\_\_\_ (Month/Day/Year)

**REQUEST:**  NEXT AVAILABLE APPOINTMENT  URGENT  EMERGENCY

## REFERRING VETERINARIAN INFORMATION

**Referring Hospital:** \_\_\_\_\_

**Veterinarian:** \_\_\_\_\_

**Phone: Daytime:** \_\_\_\_\_ **After hours:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

## CLIENT AND PATIENT INFORMATION

**Client Name: (first)** \_\_\_\_\_ **(last)** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone: (h)** \_\_\_\_\_ **(w)** \_\_\_\_\_ **(c)** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Patient:** \_\_\_\_\_ **Have owner or pet been here before?**  Yes  No  Unknown

**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** F FS M MN

**Estimated time of arrival if sending patient immediately:** \_\_\_\_\_



