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Referral Form

DATE OF REFERRAL: _____ (Month/Day/Year)

REQUEST: NEXT AVAILABLE APPOINTMENT URGENT EMERGENCY

REFERRAL TO:

Emergency & Critical Care

Radiology

Specific clinician desired:

Internal Medicine

Rehabilitation Therapy

Neurology

Surgery

Oncology

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: _____ Weight: _____ Sex: F FS M MN

Estimated time of arrival if sending patient immediately: _____

TENTATIVE DIAGNOSIS/CHIEF COMPLAINT

HISTORY/PHYSICAL EXAM FINDINGS

TREATMENTS (Include medications and dosages)

LABORATORY DATA SUMMARY Coming with owner Sent via email Faxed Not done

RADIOGRAPHS SUMMARY Coming with owner Sent via email Faxed Not done

SPECIAL REQUESTS/COMMENTS

DEPARTMENTS

Emergency and Critical Care

- Dr. Teresa Cheng
- Dr. Trevor Enberg
- Dr. Carsten Bandt

Internal Medicine

- Dr. Katie Baxter
- Dr. Jefferson Manens

Neurology

- Dr. Nick Sharp
- Dr. Laura Barnard

Oncology

- Dr. Dianna Saam

Radiology

- Dr. Augustin Mareschal
- Dr. John Graham

Rehabilitation Therapy

- Sara McLean-Piper

Surgery

- Dr. Michael King
- Dr. Alan Kuzma
- Dr. Sevima Aktay