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Referral Form

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

REQUEST: ☐ NEXT AVAILABLE APPOINTMENT ☐ URGENT ☐ EMERGENCY

REFERRAL TO:

☐ Emergency & Critical Care

☐ Outpatient CT

☐ Specific clinician desired:

☐ Internal Medicine

☐ Outpatient Radiograph Review

☐ Neurology

☐ Surgery

☐ Oncology

☐ Outpatient Abdominal Ultrasound

REFERRING VETERINARIAN INFORMATION

Referring Hospital: _____

Veterinarian: _____

Phone: Daytime: _____ After hours: _____

Fax: _____ E-mail: _____

CLIENT AND PATIENT INFORMATION

Client Name: (first) _____ (last) _____

Address: _____ Unit #: _____

Phone: (primary) _____ (alternate 1) _____ (alternate 2) _____

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: _____

(Continued overleaf) ►

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 ☐ Sent via PACS ☐ Not done**SPECIAL REQUESTS/COMMENTS**

PET VACCINATION STATUS

Rabies: ☐ Yes ☐ No ☐ Unknown If yes, year: _____

Other vaccination: _____ Year: _____

Other vaccination: _____ Year: _____

Other vaccination: _____ Year: _____

Other vaccination: _____ Year: _____

Other vaccination: _____ Year: _____

DEPARTMENTS

Emergency and Critical Care

- Dr. Teresa Cheng
- Dr. Carsten Bandt
- Dr. Kirsty Royle
- Dr. Chris Drolet
- Dr. Andrea Henriksson
- Dr. Annie Lin

Internal Medicine

- Dr. Jefferson Manens
- Dr. Lauren Adelman

Neurology

- Dr. Nick Sharp
- Dr. Rachel Lampe
- Dr. Francesca Samarani
- Dr. Ruby Ng

Oncology

- Dr. Tien Tien

Radiology

- Dr. Augustin Mareschal

Rehabilitation Therapy

- Isobelle Damms

Surgery

- Dr. Michael King
- Dr. Emma Hall
- Dr. Jo Anne Au Yong