



VETERINARY
EMERGENCY
CLINIC

Veterinary Emergency Clinic / Referral Centre
920 Yonge St. Suite 117, Toronto ON M4W 3C7
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REQUEST FOR ONCOLOGY REFERRAL

Fernanda Mantovani, DVM, DVSc Diplomate, ACVIM (Oncology)

Referring Veterinarian: _____ Date: _____

Referring Clinic: _____

Clinic Phone Number: _____ Clinic Fax Number: _____

Client Name: _____ Client Phone Number: _____

Pet's Name: _____ Breed: _____ Age: _____ Sex: M F

Presenting Complaint:

***PLEASE INCLUDE A COPY OF PERTINENT HISTOLOGY AND/OR CYTOLOGY REPORT**

Synopsis of the patient medical history:

Current Medications: _____

Laboratory Data Included: Yes No

Radiographs Included Yes No