



**Veterinary Emergency Clinic / Referral Centre**

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**REQUEST FOR SURGICAL REFERRAL**

Brendon Ringwood DVM, MS, Diplomate ACVS

Whitney DeGroot DVM, Diplomate ACVS

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Blood Work Done: \_\_\_\_\_

Current Therapy/Medication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

Laboratory Data Included:      Yes                      No

Radiographs Included              Yes                      No