



REQUEST FOR INTERNAL MEDICINE REFERRAL

Doug Mason, DVM, DVSc, Diplomate ACVIM (Internal Medicine)

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:

Synopsis of the patient medical history:

Current Medications: _____

Laboratory Data Included: Yes No

Radiographs Included Yes No

Email form to: info@vectoronto.com