VETERINARY EMERGENCY CLINIC
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# REQUEST FOR INTERNAL MEDICINE REFERRAL

**Doug Mason, DVM, DVSc, Dip ACVIM | Jay Pakhawala, BVSc & A.H, Dip ACVIM**
**Sanika Pandya, BVSc & A.H, DVSc, Residency Trained in Small Animal 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**