



920 Yonge Street, #117
Toronto, ON M4W 3C7
Phone: (416) 920-2002
Fax: (416) 920-6185
www.VECTORONTO.COM

REQUEST FOR INTERNAL MEDICINE REFERRAL

Doug Mason, DVM, DVSc, Dip ACVIM
Jay Pakhawala, BVSc & A.H, Dip ACVIM
Sanika Pandya, BVSc & A.H, DVSc, Dip ACVIM

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