

REFERRAL FORM

Date: _____

PATIENT INFORMATION

Client's Name: _____

Phone: (____) _____

Alternate Phone: (____) _____

Email: _____

Pet's Name: _____

Breed: _____

REFERRING HOSPITAL

Hospital Name: _____

Dr. Name: _____

Phone: _____

Email: _____

Age: _____

Sex: _____

Please email complete Medical Records and Lab Reports to bcskinvet@gmail.com

Case History:

Diagnostic Tests Performed:

Treatment/Medications (Dosages & Durations):

Thank you for entrusting the Animal Dermatology Specialists of Vancouver with your dermatology specialty needs. We will be sending you a typed report; this will include a diagnosis, the tests that were performed and a recommended course of action.