



**VETERINARY
EMERGENCY
CLINIC**

Veterinary Emergency Clinic / Referral Centre
920 Yonge St. Suite 117, Toronto ON M4W 3C7
Phone: (416) 920-2002 Fax: (416) 920- 6185
E-Mail to: referralform@vectoronto.com
Web: www.vectoronto.com

REQUEST FOR CARDIOLOGY REFERRAL

Regan Williams, DVM, Diplomate ACVIM (Cardiology)

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