



**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 DENTISTRY REFERRAL

Sharon French, DVM, FAVD

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:

Previous Treatments:

Current Therapy/Medications:

Other Health Concerns:

IT IS VERY IMPORTANT TO PLEASE MAKE SURE THAT AGE RELATED PRE-OP BLOOD WORK INCLUDING A PLATELET COUNT IS DONE WITHIN 2 WEEKS PRIOR TO THE APPOINTMENT TIME.

Laboratory Data Included: Yes No

Radiographs Included Yes No