



920 Yonge St. Suite 117
Toronto, ON M4W 3C7
Tel.: (416) 920-2002
Fax: (416) 920-6185
www.vectoronto.com

DERMATOLOGY REFERRAL QUESTIONNAIRE

Dermatologist: Stephen Waisglass, B.Sc., D.V.M., CertSAD, DACVD

SECTION B: TO BE COMPLETED BY THE REFERRING VETERINARIAN:

Dear Doctor,

Thank you for taking the time to complete the questionnaire. A written report will follow the examination. Please do not hesitate to call, should you have any questions about this, or any other case. Completed forms can be sent by fax to 416-920-6185, or mail to the DERMATOLOGY DEPARTMENT, VETERINARY EMERGENCY CLINIC, 920 YONGE STREET, SUITE 117, TORONTO, ONTARIO, M4W 3C7

STEVE WAISGLASS BSc, DVM, CertSAD, DACVD

Doctor:

Clinic

Address:

City / Town:

Postal code:

Phone: ()

Fax: ()

Pet's Name:

Owner's Name:

Pet's weight:

Kg

Sex:

Age:

Breed:

RELEVANT MEDICAL HISTORY:

**DOES THE PET HAVE ANY RELEVANT NON- DERMATOLOGICAL DISEASE?
ARE THERE ANY ANTIBIOTIC OR ANESTHETIC SENSITIVITIES? IF SO, PLEASE
DESCRIBE:**

DERMATOLOGIC HISTORY:

PLEASE BRIEFLY DESCRIBE THE COURSE OF THE DISEASE AND LESIONS NOTED:

THERAPEUTIC HISTORY:

PLEASE LIST MEDICATIONS USED, INCLUDING DOSE, DATES OF TREATMENT, DURATION OF THERAPY AND ANY RESPONSE:

Is the pet on heartworm or flea prevention? Please list type:

DIAGNOSTIC TESTS:

**PLEASE SEND ALONG COPIES OF ANY DIAGNOSTIC TESTS. OTHERWISE,
PLEASE LIST ANY DIAGNOSTIC TESTS PERFORMED, WITH DATE RUN AND
FULL RESULTS:**

ANY SUGGESTIONS OR COMMENTS?