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 INTERNAL MEDICINE REFERRAL

Doug Mason, DVM DVSc Diplomate ACVIM (Internal Medicine)

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:

_____
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Current Medications: _____

Laboratory Data Included: **Yes** ◯ **No** ◯

Radiographs Included **Yes** ◯ **No** ◯