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 NEUROLOGY REFERRAL

Susan M. Cochrane, DVM, DVSc, Diplomate ACVIM (Neurology)
Debbie James, DVM, Diplomate ACVIM (Neurology)
Greg Kilburn, DVM, Diplomate ACVIM (Neurology}

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:

_____
_____
_____

Medical History:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Current Medications: _____

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

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