

Veterinary Emergency Clinic and Referral Centre

920 Yonge St. Suite 117, Toronto, ON M4W 3C7

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DERMATOLOGY REFERRAL QUESTIONNAIRE

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

ACVD Dermatology Resident: Karri Beck BSc, DVM

SECTION B: TO BE COMPLETED BY THE REFERRING VETERINARIAN:

Both sections A (client forms) and B must be returned to our hospital at least 24 hours prior to the appointment. Completed forms can faxed, mailed or E-mailed to: derm@vectoronto.com

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.

Steve Waisglass BSc, DVM, MRCVS, CertSAD, DACVD

Karri Beck BSc, DVM

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? IS THE PET ON ANY PERMANENT MEDICATIONS? 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 (INCLUDING ANY RECENT BLOOD TEST RESULTS). OTHERWISE, PLEASE LIST ANY DIAGNOSTIC TESTS PERFORMED, WITH DATE RUN AND FULL RESULTS:

ANY SUGGESTIONS OR COMMENTS?