Veterinary Specialty Centre
Of Newfoundland and Labrador

860 Topsail Road
Mount Pearl, NL, A1N 3J7
Appointments: 709 221 7838
After Hours: 709 764 7888
Web site: www.VSCNL.ca

REFERRING VETERINARIAN: DATE: _______________

Name: ___________________________________Check if any of this data is new since your last referral: ❑

Practice Name:______________________________ *PRACTICE'S* E-MAIL: ______________________________

Address: __________________________________Phone: ( )_____________FAX: ( ) ________________

Check your preferred method of communication. E-mail ❑ *Fax* ❑ *Phone* ❑

Have you provided an estimate for this client? Yes No if yes, what was the estimate?_______________

OWNER:

Name: __________________________________ Alternate Contact: ___________________________________
Last First Last First

Address: ____
Street City Prov Postal Code

Home: ( )__________________ Cell: ( ) ___________________ Work: ( )__________________________

E-mail: __________________________ @ ____________________________________

PATIENT:

Name: __________________Species:____________________ Breed: ______________________________

Sex: M MN F FS Unknown Date of Birth: _____/_____ /______ Color(s): _______________

PRIMARY VETERINARY CARE PROVIDER, if different from referring veterinarian identified above:

Name:_____________________________ Practice Name: ____

Chief Concern/Provisional Diagnosis: ____
____

*History/Physical Findings: ____
____

Laboratory Data: (Summarize or attach photocopies of your reports) _____________________________________
____

Radiology: Radiographs Enclosed ❑ Please return films ❑ _____________________________________
____

Current Therapy & Medication: ____
____

*Special Requests/Comments: ____
____

Has this patient cultured positive for MRSP? Yes No If Yes what was the sensitivity? _______________

(*There is additional space for your comments in each category on the BACK of this form.) ____________________________

Signature of Referring Veterinarian

REFERRAL REQUEST & INFORMATION

REFERRAL REQUEST & INFORMATION

(continued….)*

*History/Physical Findings:

*Laboratory Data:

*Radiology:

*Current Therapy & Medication:

*Special Requests/Comments: :

ADDITIONAL INFORMATION: