



# Birchwood Animal Hospital

For the love of animals since 1959

## Birchwood Animal Hospital

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## MEDICAL/SURGICAL REFERRAL FORM

*PLEASE NOTE Non-veterinarians including pet owners: This form is for referrals from veterinarians ONLY. If you are a pet owner seeking a referral, please speak with your family veterinarian. We cannot respond to referrals from non-veterinarians.*

Clients scheduling appointment should provide the following:

- Referring veterinarian's name
- Referring veterinary practice/facility phone number and address
- A completed referral form, radiographic images and/or laboratory reports

## REFERRING VETERINARIAN

Veterinarian's name

Practice/facility name

Phone #

Email address

## CASE MANAGEMENT

Please select one \*

- Diagnostics only-results returned to referring veterinarian
- Diagnostics with interpretation/examination/procedure

## CLIENT DETAILS

First Name

Last Name

Street address

City/town

Phone # (Preferred)

Phone # (Alternate)

Client email address

## PATIENT DETAILS

Patient name*		DOB / age	
Species		Coat colour	
Breed			
Gender	<input type="radio"/> Female (spayed)	<input type="radio"/> Female (intact)	<input type="radio"/> Male (neutered) <input type="radio"/> Male (intact)

Date and type of last vaccination

Date of initial presentation for the problem

Detailed patient history, findings and tentative diagnosis (please include dates)

Current therapy/medications for condition

Other medical conditions or medications/therapy

Additional concerns and/or considerations

## LABORATORY REPORTS & MEDICAL IMAGES

Attached  Already sent  Sending later  No reports/images

Thank you for your confidence in our practice!