



Cavan Hills Veterinary Services
303 Highway 7a Cavan, Ontario L0A 1C0
Email: Cavanhills_vetservices@hotmail.com
Phone (705)-944-5776 (fax) 705-944-5770

REQUEST FOR REFERRAL

Referring Clinic: _____

Referring veterinarian: _____

Client Name: _____

Address: _____

Phone number: _____ Email: _____

Pet's Name: _____ Species: _____

Breed: _____ Age: _____

Sex: _____ Spayed/neutered? _____

Vaccine status _____

Presenting Complaint: _____

History and physical exam findings:

Problem List and diagnoses:

Diagnostic tests performed:

Results attached? Yes ___ No ___

Current medication list and schedule:

Patient has IV catheter? Yes _____, size/site _____ No _____

Pain management given? Yes _____, drug/time _____ No _____

Fluid bolus given? Yes _____, volume/rate/time _____ No _____

Other: _____

Is this patient STABLE for transfer? Yes ___ No ___ DVM signature _____

Estimate provided by CHVS veterinarian: _____