

# Referral Form



# pulse

Veterinary Specialists & Emergency

Phone: 780-570-9999 Fax: 780-570-1149

450 Ordze Road, Unit #320. Sherwood Park, AB T8B 0C5

www.pulseveterinary.ca

Date: \_\_\_ / \_\_\_ / \_\_\_ Or:   
DD / mmm / YEAR DROP DOWN CALENDAR

## Department Referring to:

Cardiology  Cardiology: (ambulatory consult/echo request)

Dentistry/Oral Surgery  Diagnostic Imaging: outpatient (stable) ultrasound

Emergency  Neurology  Ophthalmology  Surgery

Preferred Doctor (if applicable): \_\_\_\_\_

Consent to perform an internal referral without contacting you? Yes  No

Patient to be seen: Next avail. appointment  Next 24 hours  Emergency (please call)

## Referring Hospital Information:

Referring hospital name: \_\_\_\_\_ Primary care DVM name: \_\_\_\_\_

Hospital phone: \_\_\_\_\_ Hospital fax: \_\_\_\_\_ Hospital E-mail: \_\_\_\_\_

Preferred method of communication: phone  fax  E-mail

## Client Information

Client name: \_\_\_\_\_ Spouse name: \_\_\_\_\_ Client phone: \_\_\_\_\_

Back-up phone: \_\_\_\_\_ Client E-mail: \_\_\_\_\_ Client Postal Code: \_\_\_\_\_

Client address: \_\_\_\_\_ City/province: \_\_\_\_\_

## Patient Information

Patient name: \_\_\_\_\_ Date of birth (or age): \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Sex: M  MN  F  FS  Unknown  Weight: \_\_\_\_\_

## Documents to be sent:

## Documents sent via:

Medical records:

E-mail

Lab results:

Fax:

Radiographs:

Sent with client

Dental radiographs:

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Please submit this referral form (2 pages) by e-mail ([referrals@pulseveterinary.ca](mailto:referrals@pulseveterinary.ca)) or fax (780-570-1149).

Our team will contact the owner to schedule a referral

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Presenting complaint or tentative diagnosis:

Relevant history and physical examination findings:

Important diagnostics findings:

Treatments and medications (dose, frequency, last dose):

Requests/comments:

By submission of this document, you are giving Pulse Veterinary Specialists & Emergency consent to use and store the information contained within this form

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Our team will contact the owner to schedule a referral