



Birchwood Animal Hospital

For the love of animals since 1959

Birchwood Animal Hospital

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This document is available for printing or online submission on our website

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!