

## Referring Veterinarian

RDVM: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Hospital: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date: \_\_\_\_\_

## Client Information

(Please affix client label below)

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

## Patient Information

(Please affix patient label below)

Name: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Vaccine  
Status: \_\_\_\_\_

D.O.B: \_\_\_\_\_  
Breed/Colour: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Underlying  
Conditions: \_\_\_\_\_

## History

Service Requested:

- Endoscopy
- Laparoscopy

Tentative Diagnosis:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Required documentation:

- Pre-anesthetic bloodwork  
(Chem 15/CBC/Lytes)
- Most recent SOAP
- Any relevant medical  
history

Presenting Complaint: