



850 Portland Street  
Dartmouth, NS B2W 2N3  
T: 902.435.2444  
F: 902.462.5285  
referrals@petworksvet.ca  
petfocus.ca/petworks/

## Chemotherapy Referral Form

### REFERRING VETERINARY INFORMATION

Dr. \_\_\_\_\_ Hospital Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

### CLIENT INFORMATION

Name: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

### PATIENT INFORMATION

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Sex:  M  F Neutered/Spayed:  Yes  No Colour: \_\_\_\_\_ Weight: \_\_\_\_\_

Vaccine Status: \_\_\_\_\_ Underlying Condition: \_\_\_\_\_

### HISTORY

Please include the following information with your referral:

- Date of Initial Diagnosis:

Date: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

- Staging Results (please check all that apply):

- Radiographs
- Ultrasound
- Blood Testing
- Biopsy Results

- Current Medications:

---

---

---

Treatment with chemotherapy requires an initial consultation.

We will contact your client to schedule the consultation once we receive the complete history of the patient.