the Oaks Vet
24 Hrs
Veterinary Medical & Emergency Referral Centre, Inc.
565 Mapleton Road | Moncton | New Brunswick | E1G 2K5
www.oaksvet.ca | Phone: 506-854-6257 | Fax: 506-854-6077
24-Hour Emergency Client Care

Please fax completed form to 506-854-6077

REFERRING VETERINARIAN INFORMATION

Referring Veterinarian: Veterinary Hospital: Preferred contact method: ___ Fax ___ Telephone ___ Email	Telephone: Fax: Email:

CLIENT INFORMATION	PATIENT INFORMATION
Client Name: Address: Home Telephone: Work Telephone: Cellular Telephone:	Pet Name: Species: Canine ___ Feline ___ Other ___ Breed: _____ Age: ___ Male ___ Female ___ Neutered? Yes ___ No ___ Current Weight: _____ kg/lbs

TYPE OF CT SCAN ORDERED

HEAD/NECK:	*SPINE:*	*LIMB/JOINTS:*	*SOFT TISSUE:*
__ Entire Skull	__ C1-T2	__ Brachial Plexus	__ Chest wall
__ Nasal Cavity	__ T3-L3	__ Stifle	__ Lungs
__ Brain	__ L4-Sacrum	__ Elbow	__ Mediastinum
__ Bullae	__ T10-Sacrum	__ Hip	__ Abdomen
__ Orbits	__ T3-Sacrum	__ Pelvis	__ Other
__ Sinuses	__ C1-Sacrum	__ Shoulder	
__ TMJ	__ Other	__ Extremity	
__ Soft Tissue		__ Other	
__ Other			

If Other, please specify: _____

If limb/joint, please specify: RIGHT or LEFT

Patient History (please include clinical signs and abnormal examination findings): _____
_____
_____
_____
_____

Current Medication/Dosage: _____
_____
_____

Referring Veterinarian's signature _____ Date _____