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 ULTRASOUND REQUESTED	DIAGNOSTICS PERFORMED
___ Abdomen ___ Thoracic Cavity ___ Cardiac ___ Soft Tissue Specify: _____	___ CBC, Chemistry, Electrolytes ___ Radiographs Specify: _____ ___ Other Specify: _____

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

Current Medication/Dosage: _____
_____
_____

Other Concerns: _____
_____
_____

Referring Veterinarian's signature _____ Date _____