SITARA ANIMAL HOSPITAL

Dental Referral

Please complete form as signalment of patient is extremely important to case review.

Teresa Jacobson, B.Sc., DVM & Associates
101-2611 Stillwater Way, Lake Country, B.C. V4V 2R3
778-480-6274 Fax: 778-480-6473
www.sitaraanimalhospital.com

Date: __/__/_20___ Pages: __/__

Referring Clinic: _____Veterinarian: _____

Referring Clinic Fax #: _____ or Email: _____

Referring Clinic Phone #: _____

Client: _____ Patient: _____ DOB: _____

Address: _____

_____ Species: _____ Sex: M (N) / F (S) Wt:_____

Telephone # Hm:_____ Breed: _____ Color: _____

Telephone # Cell:_____

Has this patient been to our clinic before? Y / N _____

Status: __ Emergency __ Urgent __ Next Available

__ Email Consultation Request Fee: $58.00 +GST – Contact office for payment via VISA / MC or eTransfer. Cheques payable to Sitara Animal Hospital.

Dental Radiographs: y / n Blood work: y / n Photographs: y / n Insurance: y / n

Reason for Referral and History:

List any medications above that the patient is currently prescribed.

Please send any lab work or relevant information with this referral by email jvsvet@shaw.ca or by fax 778-480-6473.

Office use only: Quote requested __ Quote sent __ by: Phone __ Fax __ Email __ Updated 09/12/19