



Iodine 131 Referral Form

Referring Hospital: *Email:	Date:
Referring Veterinarian:	Referring Vet Phone: Referring Vet Fax:

CLIENT

Client Last Name:		First Name:	
Street Address:		City:	Postal Code:
Home Phone:	Cellular:	*Email:	

PATIENT

Name:	Breed:	Sex:	Weight: (kg)	Birth date:
Temperament: Good Nervous Aggressive			Status: Urgent Non Urgent	
Recent Heart Rate:			Blood Pressure (if available):	

CLINICAL HISTORY

Presenting Clinical Signs:
Treatment and Response:
Previous or Current Medical History, Medications, or Adverse Reactions:

LAB HISTORY: Please include the blood work and urinalysis results from IDEXX or True North within the last 30 days.

FAX TO: Hollywood Pet Hospital 250 370 7404

www.shawpet.ca

**Central Saanich Animal Hospital
Saanichton
250-652-4312**

Burnside Pet Clinic	Hollywood Pet Hospital	Vetcetera Pet Hospital
Burnside	Fairfield	Tillicum
250-361-1287	250-370-7734	778-410-2179