

## SHAW PET HOSPITALS

Dr.Nick Shaw Dr.Nicky Parkinson Dr.Lisa Welland Dr. Christine Little  
Dr.Anne Riches Dr.Meg Lainson Dr. Kris Anderson Dr. Tina Bruaset

Phone: 250-370-7734

Fax: 250-370-7404

### I-131 Referral Form

**VETERINARIAN INFORMATION:**

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

Veterinarian: \_\_\_\_\_ Hospital \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Address: \_\_\_\_\_

Clinic Email Address: \_\_\_\_\_

**PATIENT INFORMATION:**

Client's Name: \_\_\_\_\_ Client's Address \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ CELL \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_ Body Weight: \_\_\_\_\_ kg

Breed: \_\_\_\_\_ Vaccine Status: \_\_\_\_\_

Patients Temperament: Good  Nervous  Dominant  Aggressive

**STATUS:**      **URGENT**

**NON-URGENT**

**CLINICAL HISTORY:**

Present Conditions & Clinical Signs:

Treatment & Response (include drug dosage)

Tentative Diagnosis, Comments & Concerns:

Previous Conditions / Surgeries:

Previous or Current Systemic Disease, Medications, or Adverse Reactions:

Lab History (please fax most recent / relevant lab work and medical records) Tests performed: