

## SHAW PET HOSPITALS

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### I-131 Referral Form

**VETERINARIAN INFORMATION:**

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

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

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

**PATIENT INFORMATION:**

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

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

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

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

 Patients Temperament: Good  Nervous  Dominant  Aggressive 
**STATUS:**      **URGENT** 
**NON-URGENT** 
**CLINICAL HISTORY:**

Present Conditions &amp; Clinical Signs:

Treatment &amp; Response (include drug dosage)

Tentative Diagnosis, Comments &amp; 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:

