



# HEARTLAND VETERINARY CLINIC

Bay 300–2700 Main Street S, Airdrie, AB T4B 2V1  
Phone: (403) 912-8882 Fax: (403) 912-8885

## Veterinary Referral Form

### Client and Patient Information

Date:    mm /    dd /    yyyy

Client Name: \_\_\_\_\_

Primary Phone: (    ) \_\_\_\_\_

Additional: (    ) \_\_\_\_\_

Patient Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex:    F        FS        M        MN

Pet Birthdate:    mm /    dd /    yyyy

### Referral Veterinarian Information

Referral Hospital: \_\_\_\_\_

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

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

### Referral To: (please check primary service)

- Surgery  
     Surgical Consult                       Surgical Procedure
- Radiology:  
     Second Opinion                       Surgical Estimate

### Reason for Referral/Patient History:

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NOTE: When possible, please help us better serve you and your patient by faxing us the referral form, all laboratory results and relevant medical records. Send radiographs with client or by courier.

- Referral Form       Relevant Medical Records       Lab Results       Radiographs
- Faxing       Emailed to surgeon       Sent With Owners       Courier