

LITTLE MOUNTAIN VETERINARY CLINIC LTD.

46793 Yale Road East, Chilliwack, B.C. V2P 2S5

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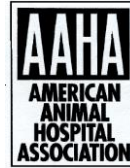
Dr. Josephine Banyard

Small Animal Practice

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Veterinary Dental Referral Form

OWNER: _____ PATIENT: _____ DATE: _____

OWNER PHONE: H) _____ W) _____ C) _____

OWNERS EMAIL: _____

SPECIES: _____ BREED: _____ AGE: _____ SEX: _____ TEMPERAMENT: _____

REFERRING HOSPITAL: _____

VETERINARIAN: _____ DAYTIME PHONE: _____

AFTER HOURS PHONE: _____

EMAIL: _____

REASON FOR REFERRAL: _____

Radiograph findings: (please send copies)

HISTORY (please summarize): _____

RECENT/CURRENT MEDICATION: _____

Radiographs: None Sent with Owner Email Courier

Please provide current treatments with dates, times and doses. Relevant records (summary only) and laboratory results should be faxed. Please work up any medical (heart, kidney, liver etc) conditions to ensure that the patient is stable for a potentially long anesthetic. Patients will be sent back to the referring veterinarian for post operative care should this be required. If you have any questions or concerns, please do not hesitate to call Dr Banyard at 604-792-2844.

**Thank you for your referral.
Dr Josephine M. Banyard. DVM., Dipl. AVDC**