

# LITTLE MOUNTAIN VETERINARY CLINIC LTD.

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

[www.littlemountainvet.com](http://www.littlemountainvet.com)



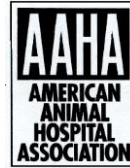
**Dr. Josephine Banyard**

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**