



Burlington Veterinary Emergency & Referral Hospital

775 Woodview Rd, Burlington, ON ■ 905-637-8111

REQUEST FOR SURGICAL REFERRAL

Dr. Seanna Swayne DVM, Dipl. ACVS-SA

Please email or fax completed forms: E-mail: bverh1@gmail.com Fax# 905-637-4229

Referring Clinic Information

Clinic: _____ Date: _____

Veterinarian: _____

Preferred contact (ph or email): _____

Client/Patient Information

Client Name: _____ Client Ph Number: _____

Pet's Name: _____ Breed: _____ Age: ____ Sex: M F MN FS

Appt Date/Time (if known): _____

Presenting Complaint / Tentative Diagnosis:

History:

Current Therapy/Medication:

Other Health Concerns:

Please include all recent laboratory / diagnostic records

Laboratory Data Included: Yes No

Radiographs Included: Yes No