



Referral Request

Welcome to the Neurology Service! Please complete the form below and email to
neurology@bverh.com.

Date:

rDVM Information

Referring Veterinarian:	Referring Veterinary Hospital:
Referring Veterinarian Email:	Referring Veterinarian Phone:

Client Information

Client Name (First & Last):	Client Email:
Primary Client Phone:	Secondary Client Phone:

Client Address:

Patient Information

Patient Name:	Species:
Sex:	Breed:
Colour:	Date of Birth (dd/mm/yyyy):
Weight (kgs):	FELV/FIV Testing Completed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

Does this patient require a muzzle or sedation for a full oral exam? YES NO

Presenting Complaint:

Reason for Referral:



Reason for Referral (Continued...)

Current Medications & Treatments:

Diagnostics (Please include if applicable):

Labwork (blood, cytology, histopathology, etc...)

Dental Radiographs

Other Imaging (Rads/US/CT/MRI)

Imaging Reports

Special Requests/Comments:

**Thank you for your request! We will contact you for more complete records once the client
has scheduled a consultation.**