Burlington Veterinary
Emergency & Referral Hospital

775 Woodview Rd
Burlington, ON L7N 3S1
905-637-8111

Referral Request

Welcome to the Surgical Service! Please complete the form below and email to referrals@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? ☐ YES ☐ No ☐ Not Applicable
Does this patient require a muzzle or sedation for a full oral exam? ☐ YES ☐ NO	
Presenting Complaint:	
Reason for Referral:	

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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.