Central Victoria Veterinary Hospital
24-Hour Emergency Facility

760 Roderick Street, Victoria, BC
Phone 250-475-2495

SPECIALIST REFERRAL FORM

Please use this form as a Fax Cover Page to forward relevant records and diagnostics.

FAX completed form to 250-475-1909 or EMAIL to cvvhclinic@shaw.ca

❒ **Dr. Christian Bolliger (Surgery)**
❒ **Dr.'s Judy Rochette or Loic Legendre (Dentistry)**
❒ **Dr. Rob Mason (Internal Med/Cardiology)**
for Dr. Mason ❒ Recheck ❒ Urgent ❒ Next Available App't

Page _____ of _____

For non-specialists Dr. Gurney and Dr. McCleary, or to refer to the Emergency Clinic - please use Emergency Services Referral Form

Date of Submission: Date & Time of Appointment:

Referring Clinic: _____ Referring Clinic Phone #: _____
Referring Veterinarian: _____ Referring Clinic Fax #: _____
After hours contact #: _____ Referring Clinic Email: _____

Client Name: _____
Street Address _____
City _____ Postal Code: _____
Home Phone#: _____ Work #: _____
Cell #: _____ Alternate #: _____

Patient Name: _____ _____
Species: _____ Breed: _____
Sex: F FS M MN Birth date: _____

Diagnostic or Procedure Request:

____ Consult Only ____Cardiac U/S ____Cardiac&Abd U/S ___ Abd U/S ___ FNA/Biopsy/GA Procedure

____ Other:_____

Presenting Problem:

History: (Please include previous history, pertinent laboratory findings, previous and current medications)

Recent Labwork? Y N Attached _____ To Follow _____ With Client _____ At CVVH _____

Recent Radiographs? Y N Emailed _____ To Follow _____ With Client _____ At CVVH _____

Please follow this fax with relevant medical records

**** ENSURE YOUR CLIENT HAS BEEN NOTIFIED OF COSTS ** CALL CVVH IF EST. REQUIRED**

Note: We will call the referring doctor at the after-hours contact number only when necessary and we will never give your home telephone number to a client.