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Radioactive Iodine Therapy Hyperthyroid Cat – Referral Form

**REFERRING VETERINARY INFORMATION**

Dr. \_\_\_\_\_ Hospital Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

**CLIENT INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PATIENT INFORMATION**

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
 Sex:  M  F Neutered/Spayed:  Yes  No Colour: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Vaccine Status: \_\_\_\_\_ Underlying Condition: \_\_\_\_\_

**HISTORY**

Please include the following information with your referral request:

1. Date of diagnosis
2. Most recent CBC/Chem/Urinalysis (*if available*)
3. Reference lab Total T4 levels (*if available*)

Date	TT4	Medication

4. Weight history for 12-24 months preceding referral (*if available*)

Date	Weight

**Note:** A consultation with your client/patient will be scheduled. The cost of the consult is refunded on the cost of RAI treatment, if performed. Cure rate with RAI is 95% with a single injection. If a second treatment is required within six months, it is performed at no additional charge. Treatment with Methimazole is not required prior to treatment, but may be recommended for some patients after consult.