

# General Surgery



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**PLEASE SUBMIT A CASE SUMMARY WITH THIS REFERRAL FORM**

\*Please fax or e-mail referral form **along with a brief case summary** and recent medical notes, including any diagnostics pertinent to the history. Please review your referral package for specific information, including indications, preparatory information, etc, to pass along to the client in preparation for their visit. We will contact them to arrange their appointment time directly, unless otherwise arranged through you.

URGENT       NON URGENT

## HOSPITAL INFORMATION

Referring Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: \_\_\_\_\_ Color: \_\_\_\_\_

## CLIENT INFORMATION

Client Name: \_\_\_\_\_

Spouse/Additional Persons: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## DESCRIPTION OF PROCEDURE