



Ken Mould DVM, Gordon Goodridge DVM, Chandra Hickling DVM, Heather McDonald DVM,  
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**DENTAL REFERRALS  
CENTENNIAL ANIMAL HOSPITAL  
FAX: 261-1192**

REFERRING VETERINARIAN:

CLIENT'S NAME:

ADDRESS:

PHONE NUMBER:

PATIENT NAME:

SPECIES:

BREED:

SEX:

AGE:

WEIGHT:

**SUMMARY OF PERTINENT HISTORY AND CLINICAL FINDINGS:**

**PROCEDURES REQUESTED:**

**FILES WILL BE FAXED TO THE REFERRING  
VETERINARIAN WITHIN 1 WEEK**