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Referral Form for Dr. Audrey Remedios, DVM, DACVS

**REFERRING VETERINARY INFORMATION**

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

**CLIENT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PATIENT INFORMATION**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Sex:  M  F Neutered/Spayed:  Yes  No Colour: \_\_\_\_\_ Weight: \_\_\_\_\_

**Radiographs Taken:**  Yes  No **Attached:**  Yes  No  
**Bloodwork Performed:**  Yes  No **Attached:**  Yes  No

Medical History (Including Current Diagnostics/Treatments/Medications)

**REFERRAL INSTRUCTIONS:** When referring your patient to McKnight, please complete this form and forward it along with all pertinent medical records and fax to 403.452.4878 or send an email to referral@mcknightveterinaryhospital.ca