PetWorks Veterinary Hospital

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Orthopaedic Surgery 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

Affected Limb: ☐ Left ☐ Right ☐ Bilateral ☐ Front ☐ Hind

Tentative Diagnosis:

1. _____
2. _____
3. _____

Required Documentation:

- Most recent SOAP
- Any relevant medical history

Please note that we have started performing bloodwork on the morning of surgery for many of our procedures. Bloodwork done ahead of time at the regular clinic will be reviewed by the surgeon and is still recommended to rule out other comorbidities.

Present Complaint: