DENTISTRY CONSULT REQUEST

Dr. Sue McTaggart

Fellow, Academy of Veterinary Dentistry

Referring Hospital:	Veterinarian:	Date (mm/dd/yy):
Phone:	Fax:	Email:

CLIENT INFORMATION

Last Name:	First Name:	
Street Address:	City:	Postal Code:
Home Phone:	Cell:	Email:

PATIENT INFORMATION

Name:	DOB (mm/dd/yy):	Sex: M / MN / F / FS
Species:	Breed:	Colour:
Weight (kg):	Temperament: Good / Nervous / May Bite / Muzzle	

STATUS

Emergency ☐	Urgent ☐	Next Available ☐

PATIENT HISTORY

- Has bloodwork been done within the last 6 months?: ☐ Yes ☐ No ☐ Sent
- Have chest radiographs been obtained?: ☐ Yes ☐ No ☐ Sent
- Has ultrasound/echo been performed?: ☐ Yes ☐ No ☐ Sent
- Has the patient been diagnosed with any of the following?:
  ☐ Heart Disease ☐ Liver Disease ☐ Seizure ☐ Kidney Disease ☐ Diabetes ☐ Respiratory Disease
- Has the patient shown any of the following clinical signs?:
  ☐ Coughing ☐ Sneezing ☐ Vomiting ☐ Diarrhea ☐ Other

Please send all radiographs and relevant lab work to deanparkpet@gmail.com

REASON FOR REFERRAL

Current concern(s):_____

_____

_____

Relevant history, current treatment/ medications:_____

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Please Note: We encourage you to recommend and perform blood tests prior to dental referrals, including T4 in cats 7 years or older. Once we receive your fax/email, we will contact the client to arrange their appointment. We will email the final report to the referring hospital after dental procedures.

Fax completed referral form to 250-656-4220 or email to deanparkpet@gmail.com
Dean Park Pet Hospital, 1700 McTavish Rd. North Saanich
(near Sidney and the Victoria International Airport)
www.deanparkpet.com phone 250-656-9911