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|  | **Kinga Gortel DVM, MS, Diplomate ACVD**  **WESTBANK ANIMAL CARE HOSPITAL**  **2429 Drought Road**  **West Kelowna, BC V4T 1P7**  **Tel: 250 768 4688 FAX: 250 768 9731**  [**www.westbankanimalcare.ca**](http://www.westbankanimalcare.ca)  **Email:** [**westbankanimalcarehosp@gmail.com**](mailto:westbankanimalcarehosp@gmail.com) |

**DERMATOLOGY PATIENT REFERRAL FORM Date:**

**Status:** Urgent Next available

|  |  |  |
| --- | --- | --- |
| **Patient information** | | **Referring Veterinarian** |
| Client name(s): | | Doctor: |
| Phone number(s): | | Clinic: |
| Phone: |
| Pet’s Name: | | FAX: |
| Species: | Gender: | E-mail: |
| Breed: Age/DOB: | | Other contact info: |
| **Case summary, including diagnostic tests and treatments:** | | |
|  | | |
| **Any additional information such as pet temperament, special requests, expectations, etc:** | | |
| **Does the pet have any relevant non-dermatologic diseases or adverse drug/anesthetic reactions?** | | |

Please fax this form with any **relevant records, such as laboratory results** to **250-768-9731**. We will contact the client to schedule an appointment. Every effort will be made to ensure prompt communication with you, the pet’s primary care veterinarian. Thank you for the referral!