 VETLINK MOBILE IMAGING REFERRAL FORM

Requesting a Consultation with VetLink

* Please fill in the fields below and email this form, along with any additional information, to **info@vetlinkmobileimaging.ca**

Owner and Pet Information

|  |  |
| --- | --- |
| Owner Name |  |
| Pet Name |  |
| Pet Age (Years) |  |
| Species | Dog Cat |
| Breed |  |
| Sex | Female Intact Female Spayed Male Intact Male Neutered |
| Weight (kg - round to nearest kg) |  |

Referring Veterinarian Information

|  |  |
| --- | --- |
| Referring Veterinarian Name |  |
| Referring Hospital Name |  |
| Referring Hospital Address |  |
| Referring Hospital City |  |
| Referring Hospital Postal Code |  |
| Referring Hospital Phone Number |  |
| Referring Hospital Email |  |

Procedure Requested

|  |  |
| --- | --- |
| Ultrasound | Endoscopy |
| Ultrasound - Abdomen | Endoscopy - Foreign Body |
| Ultrasound - Thorax | Endoscopy - Upper or Lower GI |
| Ultrasound - Dual Cavity | Endoscopy - Upper and Lower GI |
| Ultrasound - Soft Tissue |  |
| Ultrasound - Neck |  |
| Ultrasound - Urogenital |  |
| Ultrasound - Gastrointestinal |  |
| Ultrasound - Recheck |  |

Case Information

Primary Complaint and Goal for Imaging

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Brief Patient History

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Previous Health Concerns

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Physical Exam Findings

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Medications (please include drug, current dose, frequency)

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|  |

Diagnostic Findings (lab work, radiology, etc. Can upload as well)

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|  |

Relevant Files: Please attach to email along with this form and send to **info@vetlinkmobileimaging.ca**