

Ultrasound Referral

6378 Townsend Line
Forest, Ontario
N0N 1J0
Phone: 519-786-2306
Fax: 519-786-6037
Email: forest.veterinary@gmail.com



Date: _____

Owner's Information

Name: _____

Phone: _____

Address: _____

Pet's Information

Name: _____

Species: _____

Breed: _____

Age: _____

Sex: _____

Weight (kg): _____

Temperament: _____

Referring Veterinarian's Information

Clinic: _____

Referring Vet: _____

Phone: _____

Email or Fax: _____

Case History (Please include history *pertinent* to the reason for the ultrasound, results of all diagnostic tests and current medications):

Differential Diagnosis:

Private Comments (This will not appear in the Ultrasound report):

Please email all information as stated above. Once all information is collected, we will contact the owner to set up an appointment. Information for referring Veterinarians:

- Canine: Please give your patient a sedating dose of Gabapentin the evening before their visit, then Gabapentin and Trazodone (together) 2-3 hours prior to their visit
Feline: Please give your patient a sedating dose of Gabapentin the evening before their visit, and 2-3 hours prior to their visit
- No food for 12 hours prior to appointment. Water is encouraged!
- A full bladder is necessary for the appointment, try to discourage urination 1.5 hours prior to appointment
- Patient will be shaved for the procedure
- Procedure could take 1-1.5 hours. Owner(s) should plan accordingly

****Please ensure your client is aware of cost prior to their visit****