

Owner's Information

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Forest Veterinary Clinic

Ultrasound Referral Form

Pet's Information

lame:	Name:
Phone:	Species:
Address: Referring Veterinarian's Information	Breed:
	Age:
Clinic:	Sex:
Referring Vet:	Weight (kg):
Phone:	Temperament:
Email or Fax:	remperament
Please fill in history as requested below. We ask th	at you complete this through GoogleDoc or Microsoft Word
Please ensure your client	is aware of costs prior to their visit
Case History:	
Presenting Complaint:	
Organs of Interest:	
C	
Physical Exam Summary:	
,,.	
Completed Diagnostic Summary:	
Completed Diagnostic Camma, y	
Current Medications/Treatments:	
carrent wedications, realiments.	
Differential Diagnosis:	
Differential Diagnosis.	
Deliverte Community (This will as t	the Hillian county of the section
Private Comments (This will not appear on	the Ultrasound report):

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

- Canine: Please give your patient a sedating dose of 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

Sedation is not necessary for pregnancy ultrasounds

- 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