



**ONTARIO  
VETERINARY COLLEGE**  
HEALTH SCIENCES CENTRE

Animal Cancer Centre  
**fax:** 519 837-8428  
 Companion Animal Hospital  
**fax:** 519 763-1276  
 Large Animal Hospital  
**fax:** 519 763-9544

OVC HSC Use  
Affix Patient Label

**email:** [ovcdocs@uoguelph.ca](mailto:ovcdocs@uoguelph.ca)

# Referral Request

**Date:** \_\_\_\_\_

Referring Veterinarian: \_\_\_\_\_ Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Service: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ Unit #: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Colour: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Presenting Complaint: \_\_\_\_\_ Rabies Vaccination Date: \_\_\_\_\_

History and Physical Exam Findings:

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Please include if applicable:  
 radiographs  +/- imaging reports  labwork (blood/cytology/histology etc.)

Current Therapy & Medication: \_\_\_\_\_

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Special Requests / Comments: \_\_\_\_\_

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