UNIVERSITY of GUELPH

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

email: ovcdocs@uoguelph.ca

OVC HSC Use
Affix Patient Label

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:

Please include if applicable:
☐ radiographs (Rads/US/CT/MRI) ☐ +/- imaging reports ☐ labwork (blood/cytology/histology etc.)

Current Therapy & Medication: _____

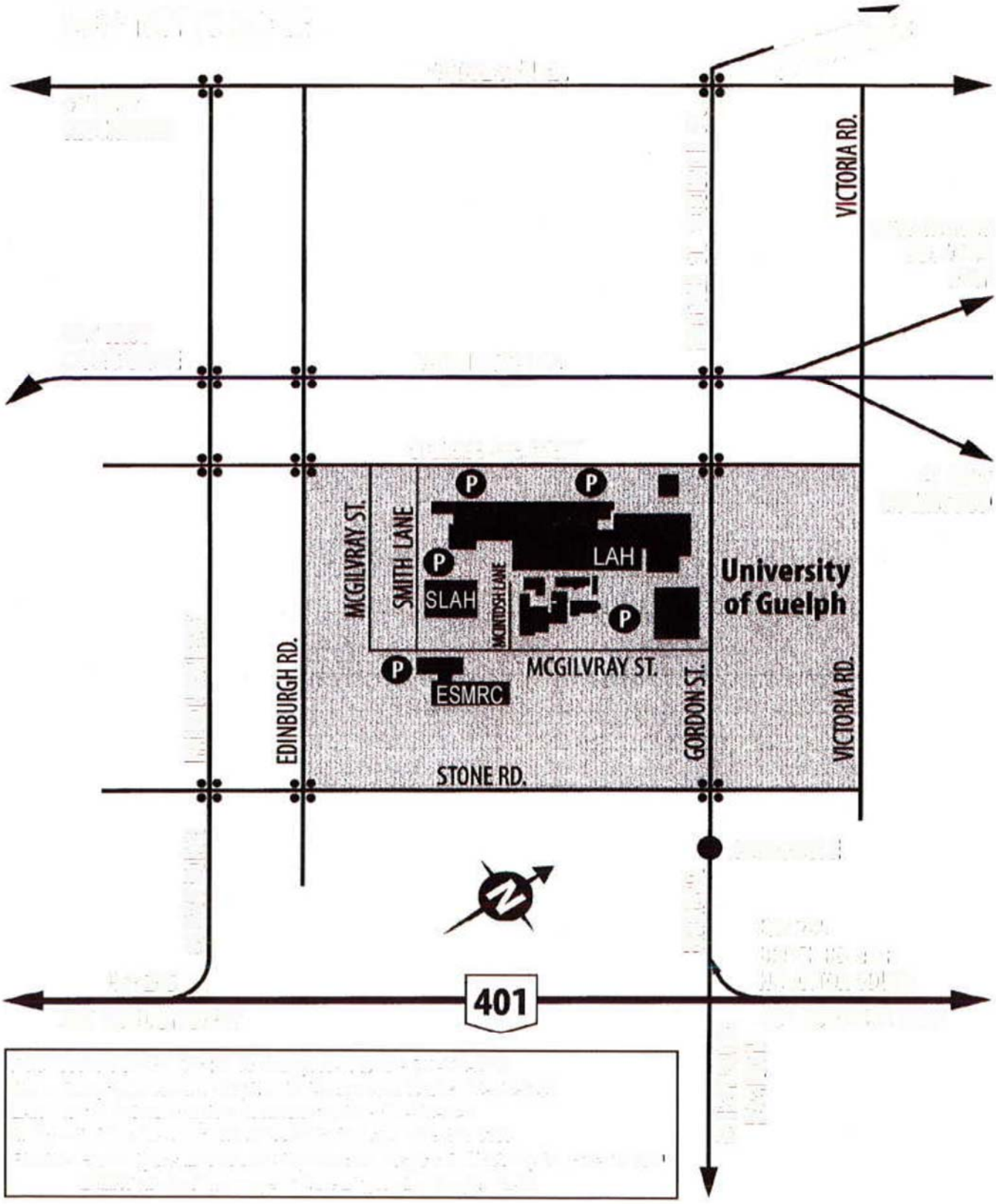
_____

_____

_____

Special Requests / Comments: _____

_____


VICTORIA RD.
MCGILVRAY ST.
SMITH LANE
LAH
SLAH
MCINTOSH LANE
University of Guelph
EDINBURGH RD.
MCGILVRAY ST.
ESMRC
GORDON ST.
VICTORIA RD.
STONE RD.
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