

Advice Request

Companion Animal Theriogenology

Veterinary Clinic Information

Date Submitted: _____

Clinic Name: _____ Phone Number: _____

Fax Number: _____ Email Address: _____

Primary Contact Veterinarian: _____ Alternate Contact Veterinarian: _____

BEST TIME TO RETURN YOUR CALL:

Patient Information

Breed: _____ Sex: _____ Age: _____
Primary or Presenting Problem: _____

Case Summary – Please include **pertinent features** of the history, physical examination and diagnostic evaluation, treatment to date (if any) and response to therapy. **Do not forward entire files / medical records as these will not be reviewed.**

Specific questions or concerns to be addressed:

Please include **original copies** of **pertinent** laboratory data.

Total number of documents included in email: _____

Requests for advice will be returned by email or telephone **between 9am and 5pm**. We strive to respond to all consults **within 2-3 business days**.

This consultation service is intended to provide information, advice and guidance regarding feline and canine medical issues and conditions. The information provided by the consultants is an educational service only. Regarding individual patients, the consultation service does not replace the primary care veterinarian's independent judgment regarding the appropriateness of a diagnosis and the risks and benefits of a procedure or treatment. All health care decisions are the responsibility of the primary care veterinarian.