



Hale Veterinary Clinic

Dental and Oral Surgery for Pets

Martin Hamilton, BVM&S, MRCVS

Website – www.toothvet.ca

Phone – 519-822-8598

Fax – 519-763-6210

Fill in all fields, save document to your system then email it to info@toothvet.ca as an attachment.

Referral/Advice Request & History Form

Date		Number of Pages including this form	
Owner's Name		Owner's Cell Phone	
Owner's Address		Owner's Home Phone	
City & Postal Code		Owner's Email	
Pet's Name		Gender	Breed
Date of Last Rabies Vaccination	Date of Birth		Pet's Weight(kg)
Body Condition Score	Temperament	Current Diet	
Referring Veterinarian		Referring Hospital	
Referring Phone		Referring Email	
Primary problem (detailed description of the problem, its location, duration, progression as well as any treatments to date and their effect)			
Previous dental treatments for other problems			
Current Blood work Attached – Date of Results			
Other pertinent medical or surgical history			
Level of home care provided/expected from this owner			
Next Step (Check One) Client to Call Hale Veterinary Clinic to book <input type="checkbox"/> Hale Vet Clinic to call Referring Doctor <input type="checkbox"/>			

** Please note that we do not call your clients. They must call us themselves to schedule their appointment.