



Hale Veterinary Clinic

Dental and Oral Surgery for Pets

Fraser Hale, DVM, Board-Certified Veterinary Dental Specialist

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Phone – 519-822-8598

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Referral Request and History Form

| | | |
|---------------------------------|-------------------------------------|------------------|
| Date | Number of Pages including this form | |
| Owner's Name | Owner's Cell Phone | |
| Owner's Address | Owner's Home Phone | |
| Pet's Name | Gender | Breed |
| Date of Last Rabies Vaccination | Date of Birth (dd/mm/yyyy) | Pet's Weight(kg) |
| Referring Veterinarian | Referring Hospital | |
| Phone | Veterinary Clinic Email | |

Primary problem (detailed description of the problem, its location, duration, progression as well as any treatments to date and their effect)

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Previous dental treatments for other problems

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Current Blood work Attached – Date of Results

Other pertinent medical or surgical history

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Level of home care provided/expected from this owner

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Next Step (Check One) Client to Call Hale Veterinary Clinic to book Hale Vet Clinic to call Referring Doctor

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