



Hale Veterinary Clinic

Dental and Oral Surgery for Pets

Fraser Hale, DVM, Board-Certified Veterinary Dental Specialist

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Local 519-822-8598

Fax 519-763-6210

Email stephanie@toothvet.ca

Website www.toothvet.ca

Referral Request and History Form

Number of pages including this form _____

Owner's Name _____ Date _____

Owner's Street Address _____

City _____ Postal Code _____

Owner's Home Phone _____ Owner's Work Phone _____

Animal's name _____ Gender _____ Breed _____ Date of Birth _____

When was the pet last vaccinated and against what? _____

Referring Veterinarian _____ Referring Hospital _____

Phone _____ Fax _____ Email _____

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

Previous dental treatments for other problems _____

Other pertinent medical or surgical history (please include copies of any pertinent laboratory reports)

Level of home care provided/expected from this owner _____

Next step: (check one)

Referring doctor will call Dr. Hale []

Client will call Dr. Hale []

Dr. Hale to call our office []