SOUTHERN ALBERTA VETERINARY EMERGENCY
322233 15th Street East Okotoks,AB T1S1A6
Phone: 403 995 3270 Fax: 403 995 1419
www.saveveterinary.com admin@saveveterinary.com

REFERRAL FORM

DATE:

Referring Veterinarian Information

Dr Name: _____ Clinic Name: _____
Email: _____ Phone #: _____

Client Information

Name(s): _____
Address: _____
Postal Code: _____ City, Province: _____
Email: _____ Phone #: _____
Cell #: _____ Work #: _____

Patient Information

Name: _____ Breed: _____
D.O.B.: _____ Sex: _____

Referral Information

Reason for Referral: _____

[ ] NON-URGENT REFERRAL **[ ] URGENT REFERRAL / NEEDS STAT AVAILABILITY**

Has an estimate been provided to the client? Amount $

☐ **SURGICAL**
Details: _____

Dr. Cory Pinel DVM DACVS-SA [ ]
Dr. Marco Bregliano DVM, DACT [ ]
No Preference [ ]

☐ **DIAGNOSTIC IMAGING**
Details and Site of Imaging: _____

CT [ ]
Basic Ultrasound [ ]
Ultrasound with Radiology Report [ ]

[ ] Referral for diagnostics only (continue care with rDVM) [ ] Request for SAVE to continue care

☐ **EMERGENCY DEPARTMENT**
Details: _____

☐ **REPRODUCTION**
Details: _____

Dr. Marco Bregliano DVM, DACT

☐ **ENDOSCOPE**
Details: _____

Flexible or Rigid Endoscope Capability

Please indicate how you are sending the following:

Referral Form: _____ Lab Results: _____
Medical Records: _____ Radiographs: _____