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Email: info@landinganimalclinic.com

Would you like us to contact the client to make an appointment?
YES NO
(If you choose no, we will wait to hear from you or the client to schedule an appointment)

DERMATOLOGY REFERRAL FORM

Referring Clinic: _____

Referring Veterinarian: _____

Contact Info. – Phone #:() _____ Fax #:() _____ Email: _____

What is your preferred contact method? _____

Client Name: _____

Patient Name: _____

Client Primary Phone #:() _____

Species: _____

Client Alternate Phone #:() _____

Breed: _____

Sex: (circle one) F M FS MN

Patient History:

Medications: (include all medications used for condition, dose, length of treatment, and outcome)

Blank lines for medication details

Food: (if food trials have already been performed, include diet, length of trial, and outcome)

Blank lines for food trial details

Summary of Medical History and Reason for Referral: (Please send us copies of ANY lab results)

Blank lines for medical history and referral details