



202-Burnt Ridge Road
Red Deer, Alberta T4S 0K6
Phone: (403)347-1711
1-877-282-8387
Fax: (403)347-1029

INTERNAL USE ONLY
DATE RECEIVED:
RECEIVED BY:
SCHEDULED APPOINTMENT:

LAMENESS REFERRAL FORM

REFERRING VETERINARIAN:
CLINIC:
DATE OF REFERRAL:
PHONE:
EMAIL:

CLIENT AND PATIENT INFORMATION

Owner's name: _____ Telephone: _____
Mailing address: _____ Postal code: _____
Patient's name/I.D.: _____ Breed: _____
Age: _____ Sex: _____

CHIEF COMPLAINT: _____

History and General Physical Exam Findings (<i>please be specific</i>):

Affected Limb(s) and Grade of Lameness:

Hoof Testers Results:

Flexion Test Results:

Nerve Blocks Performed? Yes No

Which block(s) were performed, limb(s) and results (%improvement):

Intrasynovial Blocks Performed? Yes No

Which synovial structures were blocked, limb(s) and results (%improvement):

Therapies and medications (*please be specific, date/response*):

Presumptive/Differential Diagnosis:

Special Request/Comments:

Radiographs attached? Yes No Laboratory Report attached? Yes No

Ultrasound images attached? Yes No

Other diagnostic procedures:

Is the animal insured? Yes No

Insurer: _____

Phone: _____

*If this is an emergency referral, please call us as soon as possible to (403)347-1711. We offer 24 hours emergency service.

*Email this form to abvet@telus.net or fax it to (403)347-1029.

*** PLEASE ADVISE YOUR CLIENT TO CALL OUR NUMBERS TO SCHEDULE AN APPOINTMENT**