



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** (*please be specific*):

**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](mailto:abvet@telus.net) or fax it to (403)347-1029.

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