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Referral Form for Dr. Audrey Remedios, DVM, DACVS

REFERRING VETERINARY INFORMATION

Dr. _____ Hospital Name: _____
Phone Number: _____ Email: _____

CLIENT INFORMATION

Name: _____
Address: _____
Contact Number: _____ Email: _____

PATIENT INFORMATION

Name: _____ Breed: _____ D.O.B: _____
Sex: M F Neutered/Spayed: Yes No Colour: _____ Weight: _____

Radiographs Taken: Yes No **Attached:** Yes No
Bloodwork Performed: Yes No **Attached:** Yes No

Medical History (Including Current Diagnostics/Treatments/Medications)

REFERRAL INSTRUCTIONS: When referring your patient to McKnight, please complete this form and forward it along with all pertinent medical records and fax to 403.452.4878 or send an email to referral@mcknightveterinaryhospital.ca