

Veterinary Teaching Hospital
Western College of Veterinary Medicine
University of Saskatchewan
52 Campus Drive
Saskatoon, SK S7N5B4
Canada
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Place VTH client label here

Ophthalmology Referral Form

Referring Veterinarian	Client and Animal Information
Name _____	Client Name _____
Phone _____	Animal Name _____
Fax _____	Species _____ Breed _____
Email _____	DOB _____
Hospital Name _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NM <input type="checkbox"/> NF
_____	Weight (kg) _____
_____	Client phone (home) _____
Hospital Address _____	Client phone (work/cell) _____
_____	Client address _____
_____	_____

Reason for referral _____

Date of initial presentation for the problem _____

Current medications given for ocular condition (name/dosage/frequency) _____

Previous medications for ocular condition (name/dosage/frequency/when/response) _____

Non-ocular medical conditions (eg. diabetes/heart disease) _____

Current non-ocular medications _____

Special concerns or considerations _____
