Eagle Rise ANIMAL HOSPITAL LTD.

DERMATOLOGY REFERRAL FORM

DATE OF REFERRAL (Month/Day/Year)	

OWNER(S) INFORMATION (MANDATORY FIELDS*)			
First and last name(s)*			
Street number*		Unit/Suite/Apt*	
Street*		City, province, postal code*	
Home phone number*		Work phone number	
Cell phone number		Email	
REFERRING VETERINARIAN INFORMATION (MANDATORY FIELDS*)			
First and last name*			
Practice name*			
Street number		Unit/Suite	
Street		City, province, postal code	
Daytime phone number*		Fax number*	
After hours phone number		Email*	
DERMATOLOGY REFERRAL REPORT PREFERENCE (CIRCLE ONE)			
Fax	Mail		Email
PATIENT INFORMATION (MANDATORY FIELDS*)			
Name*		Last body weight (kg)	
Date of birth* (Month/Day/Year)		Last vaccination + type (Month/Day/Year)	
Gender (circle one)*	FI FS MI MN	Species (circle one)*	Canine Feline Other:
Breed*		Insurance provider	

CURRENT FLEA CONTROL			
☐ None	☐ Advantage	☐ Advantage Multi	☐ Capstar
☐ Comfortis	☐ Interceptor	☐ K9 Advantix	☐ Program
☐ Revolution	☐ Sentinel	☐ Other:	

Please fax the completed form + additional information to 250-590-8415. Thank you for your referral!

Please advise your clients that Eagle Rise Animal Hospital will contact them directly to set up the appointment. Your clients are expected to complete a thorough history questionnaire in advance of their arrival at Eagle Rise Animal Hospital and bring this form to the appointment. Pet owners can download the New Patient Owner Questionnaire at www.eaglerisevet.ca.

If the pet is referred for intradermal allergy testing, please note that certain medications need to be discontinued prior to the appointment. Please refer to the Intradermal Allergy Testing Protocol (available online at www.eaglerisevet.ca).

If drug withdrawal is not possible, a dermatology consultation is still a valuable option.

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CASE HISTORY SUMMARY (MANDATORY) Please provide a brief synopsis of the patient's dermatologic condition including symptoms, duration, degree of pruritus, treatments/medications and their effect on the condition. Add an extra page if needed.

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PREVIOUS DIAGNOSTIC TEST(S)
Please check and attach results of any laboratory tests.

☐ None		☐ Woods lamp exam (circle one)	Negative or Positive fluorescence
☐ Skin scraping (circle one)	Negative or Positive for parasites	☐ Fungal culture (circle one)	Negative or Positive for dermatophytes
☐ Skin cytology	Results:	☐ Ear cytology	Results:
☐ Clinical pathology:	☐ CBC ☐ Serum biochemistry profile ☐ Urinalysis	☐ Endocrinology:	☐ T4 ☐ TSH ☐ ACTH stimulation test ☐ Low dose dex suppression test ☐ __________________________
☐ Allergy test:	☐ Serum allergy test ☐ Intradermal allergy test	☐ Other test:	☐ Skin biopsies ☐ Bacterial culture and sensitivity test ☐ __________________________

CURRENT OR PREVIOUS PRESCRIPTION HYPOALLERGENIC DIET(S)

☐ None	☐ Hills d/d duck/green pea	☐ Hills d/d duck/potato	☐ Hills d/d salmon/potato
☐ Hills d/d venison/green pea	☐ Hills z/d Low Allergen	☐ Hills z/d Ultra Allergen Free	☐ Eukanuba Iams fish/potato
☐ Eukanuba Iams kangaroo/oat	☐ Medical Hypoallergenic	☐ Medical Gastro	☐ Medical Vegetarian
☐ Purina HA	☐ Purina DRM	☐ Royal Canin HP 19 or 23	☐ Royal Canin Skin Support
☐ Royal Canin Sensitivity catfish/rice	☐ Royal Canin Sensitivity venison/rice	☐ Royal Canin Sensitivity duck/rice	

ADDITIONAL HISTORY
Pet's temperament, owner compliance, known adverse/allergic reactions to medications (ie. antibiotics, anesthesia, sedation, vaccinations, shampoos, ear cleaners, ear drops etc.), health problems, special requests, your expectations as the referring veterinarian, etc. Add an extra page if needed.

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