



Referral Request Form (Ortho)

Referring Veterinarian _____ Referring Hospital: _____

Pet's name: _____ Client's name: _____

Pet's DOB: _____ Breed: _____ Weight(kg): _____

Sex: Male Female Altered: Yes No

Diagnosis: _____

Limb Affected: _____ Side: RIGHT LEFT

Radiographs performed? YES NO

Radiology review performed? YES NO

Thoracic radiographs performed? (required for all trauma causes) YES NO

Bloodwork performed? (required within 1-2 weeks for all surgeries) YES NO

****Please email all bloodwork, radiographs, and radiology reports to XXXXXXXX****

Skin checked for pyoderma? YES NO

Please list all medications:

Any co-morbidities? (ex: endocrinopathies, renal/hepatic disease)

Any other relevant information to patient/case?

For fracture referrals only:

Can patient ambulate on unaffected limbs?	YES	NO
Is there pain sensation in toes of affected limb?	YES	NO
Is there voluntary motor in affected limb?	YES	NO
Can patient urinate?	YES	NO
Are there open wounds over affected limb?	YES	NO