



Fish Creek 24 Hr Pet Hospital **& EMERGENCY SERVICES**

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Orthopedic Surgical Referral Form

Dr. Neil Embleton

Please fax or email us all laboratory results and radiographs prior to the surgical date

Client and Patient Information

Date: _____

Client Name: _____

Address: _____

Primary contact number: () _____ Additional: () _____

Patient Name: _____ Breed: _____ Sex: _____ Age: _____

Primary concern _____

Referring Veterinary Information

Referring Hospital: _____ Veterinarian: _____

Phone: () _____ Fax: () _____ Email: _____

*****Please have patient off all NSAID's 48 hours prior to surgery*****

Brief History and Physical Findings: (Please include current working diagnosis, duration of concern, diagnostics, treatments)

Is the patient currently on any medications: (if yes please list what meds and duration)