



24 HR Animal Care Centre

1846 Victoria Ave E, Regina, SK S4N 7K3
Ph. (306) 761-1449 Fax (306) 789-5535
24hrhr@accesscomm.ca

Please send completed referral forms to 24hradmin@accesscomm.ca or fax to (306) 789-5535

Date: _____

VETERNARIAN:

Referring Veterinarian: _____ Clinic: _____

Desired Appointment Date: _____

OWNER:

Owners Name: _____

Full Address: _____

Phone Numbers: (home) _____ (cell) _____ (wk) _____

PATIENT:

Patients Name: _____ Species: _____ Breed: _____

Birthday(mm/dd/yr): _____ Sex: _____

DX/DDX: _____

History/GPE: _____

Cardiac Normal or Abnormal

Respiratory Normal or Abnormal

Neurologic Normal or Abnormal

Urinary/Renal Normal or Abnormal

If you have selected Abnormal, please provide details:

Current Therapy/Medications/Alerts (please include all medications- Chronic, OTC, supplements etc. including dosages:_____

Previous Anesthetic Complications Yes or No

Allergies or Drug reactions Yes or No

If you have selected Yes, please provide details:

Previous Surgeries - Please List All:

Does the patient have: Circle Below (if any or all apply)

Cardiac Pacemaker Microchip Foreign Body Ingestion

Orthopedic Implants (Plates, screws, pins, artificial joints etc.)

Gunshot wounds, Embedded BB's/Pellets Implanted shunts/Stents. Intravascular coils

Provide details if you have circled any of the above:

SELECT CT SCAN REQUEST:

• Head & Neck

- Entire Skull Nasal Cavity Brain Osseous bullae Orbits Sinuses TMJ Soft Tissue
Other

• Spine

- C1-T2 T3-L3 L4-Sacrum T10-Sacrum T3-Sacrum C1-Sacrum Other

• Soft Tissue

- Chest Wall Lungs (Met Check) Chest Soft Tissue Abdomen Other

• Limb & Joints- LEFT

- Brachial plexus Stifle Elbow Hip Pelvis Shoulder Other

• Limb & Joints- RIGHT

- Brachial plexus Stifle Elbow Hip Pelvis Shoulder Other

• If you selected OTHER, please provide details here:

Due to the size and quantity of the images of the CT Scan, only the finalized report will be emailed back to the clinic. If you would like a copy of the CD for your records, please indicate below. An additional cost of \$ 25.00 will apply.

Number of CD copies (if requested): _____