



## EQUINE PATIENT REFERRAL FORM

**Date:**

CLIENT AND PATIENT INFORMATION		REFERRING VETERINARIAN INFORMATION
Client(s) Name(s):		Veterinarian:
Home Phone:	Work Phone:	Practice:
Cell Phone:	Email:	Phone:
Patient Name:	Age/DOB:	Fax:
Breed:	Last body weight (kg):	Email:
Sex (horse): <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion	Sex (donkey): <input type="checkbox"/> Jenny <input type="checkbox"/> Gelding <input type="checkbox"/> Jack	Preferred Method for Receiving Reports: <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX
REASON FOR REFERRAL (chief complaint). <input type="checkbox"/> Pruritus/itching/allergies <input type="checkbox"/> Urticaria <input type="checkbox"/> Other:		
CLINICAL SIGNS AND HISTORY. Please include duration and seasonality of disease, degree of pruritus.		

**NWVDS Contact Information:**  
Phone: 604-428-0070  
Fax: 844-273-1078  
Email: office@vetderm.ca

**Equine consultations take place at:**  
Paton & Martin Veterinary Services  
25930 - 40th Avenue  
Aldergrove, BC V4W 2A5



# North West Veterinary Dermatology Services Ltd.

Specializing in itch relief, allergy management and ear diseases

**LABWORK. Please attach results to ensure they are available for review at the time of the appointment.**

Skin cytology. Results:

Skin scrapings:

Negative or  Positive for parasites?

Fungal cultures:

Negative or  Positive for dermatophytes?

Complete blood count

Biochemistry profile

PPID testing (LDDST)

Bacterial cultures and sensitivity panel

Serum allergy testing

Intradermal allergy testing

Skin biopsies

Other:

**MEDICATIONS.** Please list current or previously used treatments and their efficacy.

**USE.** What sporting events is the horse used for (dressage, jumping, pleasure, etc.)?

**ADVERSE REACTIONS.** Are you aware of any adverse reactions to drugs or vaccines in this patient?

**NON-DERMATOLOGICAL DISEASES.** Are there any other health problems aside from skin or ear disease?

**ADDITIONAL INFORMATION.** Horse's temperament, comments or special requests.

Please fax/email us the **referral form, a copy of the relevant medical records and labwork.** See **contact information below.** We will contact the client to schedule an appointment. They will be asked to complete additional forms. You will receive a written report for each visit. **Thank you for your referral.**

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