



Today's Date: _____

www.westernvet.ca
1802 - 10th Ave S.W. Calgary, AB T3C 0J8
Phone: (403) 770-1340 Toll Free: 1-866-770-1340
Fax: (403)770-1344
referral@westernvet.ca

Attention:

*Please check box below

Radiographic Interpretation Form (available online at www.westernvet.ca)

- Surgery**
- Dave Fowler**
DVM, MVetSc
Diplomate American College of
Veterinary Surgeons
 - Audrey Remedios**
DVM, MVetSc
Diplomate American College of
Veterinary Surgeons
 - Dave Szentimrey**
DVM, MVetSc
Diplomate American College of
Veterinary Surgeons

Owner Information: Client Name: _____
 Primary Phone: () _____ Additional: () _____

Patient Information: Patient Name: _____ Breed: _____
 Sex: F FS M MN Date of Birth: _____ Weight: _____ kg

Referring Veterinarian Information: Hospital Name: _____
 Veterinarian: _____ Phone: () _____
 Fax: () _____ Email: _____

Other veterinarians involved in this case: _____

(Please check off on the left the doctor you are referring your x-rays to)

Please indicate how you are sending the following:

	Email or Online	Fax	With Owner	Courier
Radiographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical History: _____

Physical Exam / Laboratory Finding (please enclose lab results if possible): _____

