



# Ultrasound Referral Form

Please send form to (204) 728-3261 or [gvac@mts.net](mailto:gvac@mts.net) 24 hours prior to appointment

Referring Hospital

Referring Veterinarian

Phone Number

Email

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## Client Information

First Name

Last Name

Address

City

Province

Postal Code

Home Phone

Cell Phone

E-mail

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Patient's Name

Breed

Age

Sex

Weight

M

MN

F

FS

Current Medications, Known Anesthetic Problems, or Drug Reactions

Type of Ultrasound Requested

Abdominal

Urogenital

Pregnancy

Relevant History

Results of Past Procedures

What Questions Would You Like Answered?

Please check below to indicate the owner has been explained the following:

Animal needs to be fasted for 12 hours prior to appointment

Animal will have its belly shaved

Animal may be sedated for exam

Biopsies require a coagulation panel, which will be performed at time of procedure if not recently performed

Relevant bloodwork has been attached to form