



West Toronto Veterinary Surgery

Dr. Sandra Hewitt DVM, DVSc, DACVS

150 Norseman Street

Toronto, Ontario M8Z 2R4

(416) 232-0211 Fax: (416) 232-0080

Referral Information Form

“ _____ ”

has an appointment on _____ at _____ am/pm

Referring Veterinarian: _____

Clinic Name: _____

Clinic Email Address: _____

Client Information

Name: _____

Address: _____ City: _____

Postal Code: _____ Tel: _____

Email Address: _____

Patient Information

Name: _____ Species: _____ Weight: _____

Breed: _____ Sex: _____ Colour: _____ DOB: _____

Presenting Complaint: _____

History: _____

Current Medication(s): _____

Please fax this completed form and any recent bloodwork to (416) 232-0080.

Be sure to provide your client with any x-ray films (or a digital copy) to bring to their appointment.

Thank you for referring your patients to West Toronto Veterinary Surgery PC!