



**Any additional information such as pet temperament, special requests, expectations, etc:**

**Does the pet have any relevant non-dermatologic diseases or adverse drug/anesthetic reactions?**

Please fax this form with any **relevant records, such as laboratory results** to **250-768-9731**. We will contact the client to schedule an appointment. Every effort will be made to ensure prompt communication with you, the pet's primary care veterinarian. Thank you for the referral!