



Av Paul Langevin 59650 Villeneuve d'Ascq

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Email : contact@oncovet.net

This document must be completed by the referring veterinarian and returned to us by e-mail **before making an appointment.**

REFERRING VETERINARIAN

Dr :

Email :

Stamp :

Date :

Pet owner's name :		Animal : <input type="checkbox"/> dog <input type="checkbox"/> cat <input type="checkbox"/> other	
Postal Address :		Breed :	
Phone :		Sex :	
Date of birth :			
ONCOLOGY Consultation <input type="checkbox"/> Disease staging <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiotherapy <input type="checkbox"/>	INTERNAL MEDICINE Consultation <input type="checkbox"/> Complete care included <input type="checkbox"/> Dialysis <input type="checkbox"/>	MEDICAL IMAGING Scanner <input type="checkbox"/> Ultrasound <input type="checkbox"/> Please specify the area of the body on which imaging should be carried out	
CARDIOLOGY Consultation <input type="checkbox"/> Echocardiography <input type="checkbox"/> Holter <input type="checkbox"/>	VIDEO ENDOSCOPY Gastroscopy <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Respiratory Fibroscopy <input type="checkbox"/>	SURGERY <input type="checkbox"/> NEUROSURGERY <input type="checkbox"/> LAPAROSCOPY <input type="checkbox"/>	

LEVEL OF URGENCY

Normal (at least 4 days)

Quick (at least 2 days)

Urgent (telephone us)

THE ANIMAL MUST NOT HAVE EATEN SINCE 10PM THE PREVIOUS EVENING
(the animal may take medication and drink up to 3 hours before the appointment)

Commemorations (Initial reason for consultation, date of appearance, evolution, clinical examination ...)

Examinations carried out (to attach please)

Treatments already carried out

Following the consultation, the treatment and care will be carried out by :

Oncovet

Referring veterinarian

You will automatically receive a report via email.

Would you also like to receive it by :

Mail

Fax

ONCOVET'S DEDICATED AREA

Date de réception FR :	Par :	Clinicien :	RDV souhaité le :
RDV confirmé	Date :	Heure :	Fait par :