



**Tantallon Veterinary Hospital  
Ultrasound Referral Form**

5250 St. Margaret's Bay Road  
Upper Tantallon, N.S. B3Z 2J1  
Phone #: 902-826-9344 Fax #: 902-820-3001  
*E-mail: tantallonvet@eastlink.ca*

Referring Practice:

Referring Veterinarian:

Client Name:

Client Address:

Client Phone Number and email:

Patient Name:

Patient Breed & Sex:

Patient Weight & Age:

**Please attach recent medical history including medications and diagnostics**

Presenting Complaint & Tentative Diagnosis:

Special Requests/Comments:

**Please note:**

- A) Patient will be shaved prior to ultrasound.
- B) All patients must be fasted after midnight the previous day. Water is allowed.
- C) Sedation is not always necessary. The veterinarian will discuss this if needed.

Once the referral form is returned, the client will be called to book the Ultrasound as well as the referring practice to inform them of appointment date. Referral forms can be emailed or faxed (email preferred). Results will be interpreted by a board certified radiologist and emailed or faxed to the referring practice for client follow up. This is usually within 24 hours of interpretation.