

**Advice Request  
Companion Animal Internal Medicine**

**Please return to:  
Companion Animal Medicine Advice  
email: [medicine@uoguelph.ca](mailto:medicine@uoguelph.ca)**

**Please note:** This service provides medical consultation and advice to **VETERINARIANS ONLY**

<b>Veterinary Clinic Information</b>
Date Submitted: _____
Clinic Name: _____ Phone Number: _____
Fax Number: _____ Email Address: _____
Primary Contact Veterinarian: _____ Alternate Contact Veterinarian: _____
<b>BEST TIME TO RETURN YOUR CALL:</b> _____

<b>Patient Information</b>
Breed: _____ Sex: _____ Age: _____
Primary or Presenting Problem: _____
_____
Case Summary – Please include <b>salient features</b> of the history, physical examination and diagnostic evaluation, treatment to date (if any) and response to therapy. <b>Do not forward entire files / medical records as these will not be reviewed.</b>
_____
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Specific questions or concerns to be addressed:
_____
_____
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_____

Please include **original copies** of **pertinent** laboratory data. Total number of pages included in fax: \_\_\_\_\_

Requests for advice will be returned by telephone (in most cases) or fax **between 9am and 5pm**. We strive to respond to all consults **within 1-2 business days**.

This consultation service is intended to provide information, advice and guidance regarding feline and canine medical issues and conditions. The information provided by the consultants is an educational service only. Regarding individual patients, the consultation service does not replace the primary care veterinarian's independent judgment regarding the appropriateness of a diagnosis and the risks and benefits of a procedure or treatment. All health care decisions are the responsibility of the primary care veterinarian.