

**Referral Form to Treat Hyperthyroid
Cats with I-131 at
Pet & Vet (Milford) Ltd.**

Pet & Vet

Details to be completed by the Referring Veterinary Surgeon

Referring Veterinary Clinic:

Clinic Name: _____

Case Clinician: _____

Phone: () _____ Fax: () _____

Email: _____

Patient Details:

Patients Name: _____

Age: _____ Colour: _____

Sex: M / F De-sexed: Y / N

Temperament: Docile / Aggressive / Other

Owner details:

Name: _____

Address: _____

Phone: () _____ Mobile: _____

Email: _____

Biochemistry: Test results below should be from the initial blood test when Hyperthyroidism was diagnosed:

Urea: _____ Creatinine: _____ T4: _____ Urine SG: _____

Method of T4 Measurement: Lab () In house () Other () Please indicate _____

ACTUAL T4 RESULTS & METHOD OF TESTING MUST BE INDICATED because patients with high initial T4's may be candidates for 1.5 or 2.0 the usual does of I-131. Some in-house tests only report high levels as > 120.
For this reason we strongly recommend using a laboratory facility which will report actual result.

Hyperthyroid Medication: Y / N. If Yes, Dose _____ Product: _____

A blood test measuring the T4, Urea and Creatinine must be done within the 30 days prior to intake for I-131 treatment while the cat is still on Hyperthyroid medication. Treatment must cease 7 to 14 days before I-131 treatment.

Preferred Month for Treatment: _____

Responsibility for patient suitability is taken by the referring veterinarian. For assistance with patient selection, please contact the treatment supervisor.

Thank you for referring this case to *pet & vet* (Milford) Ltd. As the Referring Veterinary Surgeon you are welcome to visit our facility at a mutually agreeable time.

Please return this form by Fax (09) 489 3292 or email: reception@petandvet.net.nz

Any further enquiries please call us on (09) 489 6263