



Surgery Referral Request

Jitender Bhandal, BVSc & AH, Diplomate ACVS-SA
(Board-certified Small Animal Surgeon)

Date of referral: _____

Client & Patient Information

Client Name: _____ Patient Name: _____

Client Phone: Home _____ Work/Cell: _____

Species: _____ Breed: _____ Age/DOB: _____ FI FS MI MN

Veterinarian Information:

Referring Hospital: _____ Veterinarian: _____

Phone: _____ After-hours phone: _____

Fax: _____ Email: _____

Request for Service at:

- Central Valley Veterinary Hospital, #124 1940 Kane Rd, Kelowna, BC V1V 2J9
Phone: 250-762-7181; Fax: 250-762-7183; Email: centralvalleyvet@shaw.ca
- Riverside Small Animal Hospital, 945 Lorne Street West, Kamloops, BC V2C 1X1
Phone: 250-372-7781; Fax: 250-372-7092; Email: rsah@shaw.ca

Priority: Next available Urgent

Reason for Referral: _____

History: _____

Clinical Signs: _____

Relevant Clinical Pathology data: _____

Current Treatments: _____

Radiographs: Not done Coming with owner Emailed

Special Requests: _____