



Surgery Referral Request

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

Phone: 250-768-4688

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Email: westbankanimalcarehosp@gmail.com

Client/Patient information

Date of referral:

Client name:

Phone number(s):

Address:

Email:

Patient name:

Species:

Breed:

Sex:

Age:

Current weight:

Referring Veterinarian Information

Veterinarian:

Hospital Name:

Phone number:

Fax number:

Request for services at:

Westbank Animal Care Hospital

2429 Drought Rd, West Kelowna, BC V4T 1P7

Phone: 250-768-4688 Fax: 250-768-9731 Email: westbankanimalcarehosp@gmail.com

Priority: Next available Urgent

Reason for referral:

History:

Clinical signs:

Relevant Clinical Pathology Data:

Current Treatments:

Radiographs: Not Done

Coming with owner

E-mailed

Special requests: