



Okanagan Veterinary Hospital
3355 Sexsmith Rd.
Kelowna, B.C. V1X 7T5
(250) 765-5132
Email: reception@okvet.net



Reproductive Referral Information

Date: _____

Patient/Client Information

Owner: _____

Address: _____

Postal Code: _____

Phone: _____ Cell: _____

Email: _____

Pet name: _____ Species: _____

DOB: _____ Sex: _____

Breed: _____ Wt: _____

Referring Veterinarian Information

Hospital Name: _____

Veterinarian: _____

Phone: _____ Fax: _____

Email: _____
(please indicate preferred contact method)

Core Vaccine Status: (DA2PP and Rabies)
 Current Unknown

Breeding History

(please include desired services, previous and current medical therapies and current bloodwork attached.)

- OFA Radiographs
- OFA Bloodwork
- Brucellosis Testing
- Reproductive Exam
- Other

- Progesterone
- Pregnancy Ultrasound
- Semen Evaluation
- Cesarean Section

Bloodwork done? yes no
 Xrays? (please attach) yes no

Email: reception@okvet.net
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