OKANAGAN VETERINARY HOSPITAL

Referral Information

Date:

Patient/Client Information

Owner:_____

Address:_____

Postal Code:_____

Phone:_____ Cell:_____

Email:_____

Pet name:_____Species:_____

DOB:_____Sex:

Behavior/Temperament:_____

Breed:_____ _Wt:_____

Referring Veterinarian Information

Hospital Name:_____

Veterinarian:_____

Phone:_____Fax:_____

Email:_____
(please indicate preferred contact method)

Status:
Urgent □ Non Urgent □ Emergency □

Limb(s):
RF □ **LF** □ **RH** □ **LH** □

Core Vaccine Status: (DA2PP and Rabies)
Current □ Unknown □

History
(please include presenting complaints, previous and current medical therapies and duration of problem)

Bloodwork (Please attach) Yes □ No □
Radiographs (Please attach) Yes □ No □

Okanagan Veterinary Hospital, 3355 Sexsmith Rd, Kelowna, BC, Ph: (250)765-5132,
Email: reception@okvet.net, Website: www.okvet.net