



Surgery Referral Request
Jitender Bhandal, BVSc & AH, Diplomate ACVS-
SA (Board-certified Small Animal Surgeon)
Fax: 866-514-1872
Email: bhandalvet@gmail.com

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: _____

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: _____