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email: summerlandanimalclinic@nva.com

Dr. Rand Davis - Orthopedic Referral Form

Date	
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Client Information

First Name		Last Name	
Address City, Postal Code			
Home Phone		Cell Phone	
Email			

Patient Information

Name		Sex	
Species		Color	
Breed		Weight in KG	
Date of Birth		Pet Insurance provider?	
Temperament			

Referring Clinic		Veterinarian	
Phone #		Fax	
Email			

Reason for referral

History/Physical Exam

Current Treatments (including medications, supplements and dosages)

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Radiographs: Emailed

Not done

Bloodwork: Emailed

Not done

We do not require a consult prior to surgery. Once the referral, medical records and radiographs (if performed) are received, Dr. Davis will contact the client and go over his surgical recommendations. If you have any questions please do not hesitate to contact us at 250-494-9468.