



## Southside Pet hospital

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**Dr Charlie Sulko, DVM, MSC**

### Ultrasound Referral Request Form

Date: \_\_\_\_\_ Referring Veterinarian (first and last name): \_\_\_\_\_

Clinic Name/Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Correspondence: Phone  Email

Owner Name (first and last): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: Male  Female  Altered: Yes  No  Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_

#### Reason for referral:

Complete Abdominal  Echocardiogram  Pregnancy

Please notify the owner of the following details pertaining to their animal's ultrasound:

- Your pet must be fasted for 12 hours prior to procedure
- Your pet will have its abdomen or chest shaved for the procedure
- Your pet may be sedated for the procedure

Please include previous relevant treatment and history (please forward relevant medical records, lab results and recent blood work):

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#### Please chose one of the following options:

I would like Dr. Charlie to call me prior to seeing the patient

Our team can contact the owner to set up an appointment

An appointment has been scheduled for \_\_\_\_\_