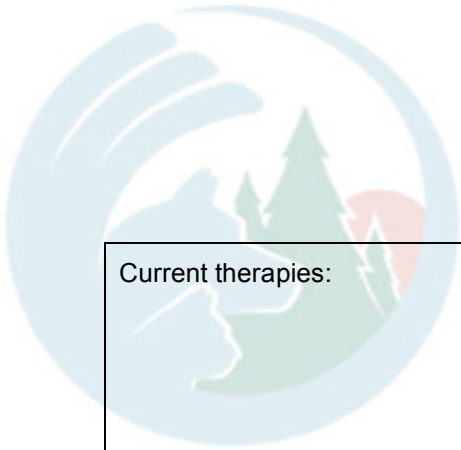




## Canine Rehabilitation Referral Form

Referring DVM:		
Clinic name:		
Telephone:		
Email:		
Client Name:		
Address:		
Telephone:		
Patient name:		Breed:
Sex:		DOB (dd/mm/yyyy):
Presenting complaint:		
Diagnosis (if applicable):		
Other current or previous health concerns:		
Previous therapies or surgeries:		



Current therapies:

Medication:

Lab work provided (e.g., blood work, x-rays, CT scan):

## Waiver

I understand that I have been referred to Cedarview Animal Hospital by my veterinarian for rehabilitation services only, and I will not seek any general practice services for my pet at this hospital.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)