



### Client Information

Owner Name \_\_\_\_\_  
Address \_\_\_\_\_  
Tel (H) \_\_\_\_\_  
Tel (C) \_\_\_\_\_  
Tel (W) \_\_\_\_\_

### Patient Information

Animal Name \_\_\_\_\_  
Species \_\_\_\_\_  
Breed \_\_\_\_\_  
DOB / Age \_\_\_\_\_  
Sex  M  F  MC  FS

### Brief History and Reason for Rehabilitation Therapy

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### Specific Therapies Requested

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### Referring Veterinarian

Name \_\_\_\_\_  
Practice Name \_\_\_\_\_  
Tel \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Preferred method of communication:  
 Email  Fax  Phone

Following review of the referral request, the rehabilitation therapist will forward therapy plans and options along with associated pricing to you. We would appreciate you reviewing this information with your client and finalizing a plan for therapy. Since this is a direct referral for therapy, the referring veterinarian's signature will be required as the prescriber of therapy. Appropriate follow-up examinations will be provided by you as the referring veterinarian unless a request is made for referral to either the Surgery or Neurology department within our hospital.

**Thank you for referring this case to London Regional  
Veterinary Emergency and Referral Hospital.**