

Nickel City Animal Hospital Rehabilitation Clinic

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Referral Form

Client: _____ Patient: _____

Address: _____

Phone: _____ Date of Referral: _____

Breed: _____ Sex: _____ Age: _____

Referring Veterinary Hospital: _____ Phone: _____

Referring Veterinarian: _____ Fax: _____

Address: _____ Email: _____

Clinical Condition/Reason for referral:

Pre-existing conditions: _____

Onset/date of surgery: _____

Special instructions/precautions: _____

Current Medications: _____

A treatment plan will be created for each individual patient. These treatments could include but are not limited to:

**acupuncture, electro acupuncture, massage therapy, electrical stimulation, hydrotherapy, cryotherapy, hot packs, gait training, joint mobilization, in hospital/at home therapeutic exercises and much more.

If there are any reasons why this patient should not perform any of the above conditions, please specify:

**Please send a copy of all records, radiographs and bloodwork that have been performed before upcoming appointment.

Completion of this form authorizes Nickel City Animal Hospital to evaluate and treat the above referred patient. As the Referring Veterinarian, I understand that I remain the primary care provider. Clients seeking any other services will be redirected to the Referring Veterinarian.

Preferred method of contact:

- Email
- Fax
- Mail

Referring Veterinarian Signature:

Date:

