



# Patient Referral Form

Referral To: Kristin Browne, DVM  
TheraVet Acres Rehabilitation and Fitness

Patient: Name \_\_\_\_\_ DOB/Age \_\_\_\_\_ Breed \_\_\_\_\_  
Sex: Male  Female  Spayed  Neutered   
Vaccination status: Rabies due \_\_\_\_\_ DHLPP due \_\_\_\_\_ HW test \_\_\_\_\_  
FVRCP due \_\_\_\_\_ FeLV due \_\_\_\_\_ Titers current \_\_\_\_\_

Client: Name (Last, First): \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for referral: \_\_\_\_\_  
\_\_\_\_\_

Diagnosis: \_\_\_\_\_  
Diagnosed  Tentative

Prognosis offered: \_\_\_\_\_  
Goals of Treatment: \_\_\_\_\_

Concurrent Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

Special considerations or precautions: \_\_\_\_\_

Please enclose/fax copy of: medical records  laboratory results   
radiographs  other \_\_\_\_\_

Referring Veterinarian (Name and Hospital address): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How would you prefer to be contacted with progress reports: Phone, Fax, snail mail, e-mail  
(please include e-mail address) \_\_\_\_\_

Please send my clinic: additional brochures  additional business cards

Referral Veterinarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_