



# Patient Referral Form

Referral To:  
Thera-Vet Acres Rehabilitation and Fitness

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

Client: Name (Last, First): \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
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 include copy of: medical records  laboratory results   
radiographs  other \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail \_\_\_\_\_

We will contact you via phone or e-mail and will send all correspondence via e-mail unless you request differently: (alternate contact means) \_\_\_\_\_

Please send my clinic: additional brochures  additional business cards

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