



Canine Health Institute

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REHABILITATION SERVICES REFERRAL FORM

Patient Name: _____	Age: _____	Gender: _____
Patient Weight: _____	Breed: _____	
Owner's Name: _____	Owner's _____	Owner's _____
	Phone: _____	Cell: _____
Owner's		
Address: _____		
Owner's City: _____	State: _____	Zip: _____
Referring	Office _____	Office _____
Veterinarian: _____	Phone: _____	Fax: _____
Address: _____	Email: _____	

I would like to refer the above mentioned patient for Rehabilitation.

The patient's diagnosis is: _____

The following is a list of special precautions or considerations for this patient:

The recent pertinent medical history of this patient is:

Please give updates/status reports via: _ email _ phone _ fax _ mail

In accordance with the Veterinary Practice Act of Texas, as the attending Veterinarian, I have determined that rehabilitation will not likely be harmful to the patient.

Referring Veterinarian's Signature

Date

Thank you for this referral. Please send any radiographs, copies of lab work, operative reports and any other pertinent information by mail, fax or email. Please do not hesitate to contact us with any questions or concerns.