



Client referral form for veterinarians

Referring Veterinarian:

Phone

Referring Veterinary Clinic

Email (all reports will be emailed):

Client name:

Pet's Name:

Dog Cat Rabbit Other

Breed:

Birthdate :

Spayed Neutered Intact Used for breeding Sporting dog

Reason for referral :

- Rehabilitation
- Acupuncture
- Athletic conditioning ...What sport:
- Weight loss
- Arthritis maintenance

History of this condition:

Current medications (as you have Rx'd them):

Medication	Dosage/Size	Frequency

Is this pet on a prescription diet? If so what?

Most recent blood panel? Date _____

Please send pertinent records including most recent blood work to

healingartsvet@yahoo.com or Fax to (503) 914 0343