Veterinarian Rehabilitation/ Fitness Referral Form

Thank you for the referral. It is our intention to provide the requested treatment for your patient to the best of our ability. We plan to keep in close contact with your hospital during the referral period. If any other medical conditions arise or routine care is needed during the referral period, your client will be referred back to you for those services unless you specifically request otherwise. This includes any prescription product sales not directly related to the rehabilitation program. If the patient arrives with fleas we will give Capstar and recommend they purchase flea prevention from your practice.

Have your client call our office and speak to a Rehabilitation Technician to schedule their initial visit. 704-588-4400				
Pets name:	Patients Species:		Breed:	
Pets DOB:	Weight:		Spayed/Neutered:	
Client's Name:				
Client's Address:				
Client's Phone: Home	Work		Cell	
Referring Hospital:		– Referring Docto	Dr:	
Hospital Address:				
Hospital Phone:		_ Hospital Fax: _		
Reason for referral (condition an	nd date of onset) :			
Special instructions/ precaution	ns :			
Pertinent medical history :				

Please email: info@keepingpetshealthy.com or Fax (704)-588-2751 Attn: Dr. Schuver and/or Dr. Young (Rehabilitation)

- 1. Laboratory results
- 2. Copy of records pertaining to referral
- 3. Vaccine history (if patient's health allows, update any past due vaccines your clinic deems
- necessary for the protection of this patient, min requirement is rabies and bordetella prior to referral)
- 4. If possible, please send with owner any radiographs pertaining to the case.
- they will be sent back to your clinic after the initial evaluation and consultation.

Thank you again for your referral. You will receive a copy of the initial examination findings and the rehabilitation plan along with re-evaluation updates on a regular basis. If you have any questions or concerns , please call Dr. Amy Schuver or Dr. Patricia Young at 704-588-4400

