

# Veterinary Referral



## Client Info

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Animal's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Animal Type:  Dog  Cat  Other \_\_\_\_\_ Breed \_\_\_\_\_  
Coloring: \_\_\_\_\_  Intact  Neutered  Spayed

## Veterinarian Info

Veterinarian's Name: \_\_\_\_\_ Hospital or Clinic Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Reason for Referral

Condition/Injury/Surgery: \_\_\_\_\_  
Past Surgeries/Year Completed: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Rabies Vaccine Current:  Yes  No Expiration Date: \_\_\_\_\_  
Distemper Vaccine Current:  Yes  No Expiration Date: \_\_\_\_\_

## Animal Medical Info

Past Medical Conditions: \_\_\_\_\_  
Past Medical Conditions: \_\_\_\_\_

## Please check one or more of the following:

- PT Evaluation and Treatment  
 Specific Treatment Regime of: \_\_\_\_\_  
 Other: \_\_\_\_\_

*As the referring veterinarian I authorize Boston Pet Rehabilitation to evaluate and treat the referred patient. Clients seeking services other than what is offered here at the rehab facility will be redirected to the Referring Veterinarian.*

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

Veterinarian's Direct Email: \_\_\_\_\_

*A written assessment of evaluation findings will be returned within 7 days of the animal's evaluation.*

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**Thank you for your referral!**