



Referral Consent for Veterinary Rehabilitation Services

Referring Veterinarian

Hospital Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Area Code

Phone Number

Fax Number

Area Code

Phone Number

Email

example@example.com

Owner Information

Name

First Name Last Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number

Area Code Phone Number

Email

example@example.com

Patient Information

Patient

Breed

Age

Sex

Up To Date Vaccines (check all that apply)

- Rabies
- DA2PP (dogs)
- FVRCP (cats)
- Bordetella (dogs)

Presenting Complaint/Diagnosis/Surgery:

Concurrent Medical Conditions/Comments:

Services Requested:

- Underwater Treadmill Therapy
- Laser Therapy
- Therapeutic Exercises
- Exercise/Conditioning
- Swimming
- Weight Loss
- As Recommended

Are you comfortable with the staff at Blue Springs refilling the following for your clients:

- Prescription analgesic medications, including NSAIDs, Gabapentin and Tramadol
- Joint health supplements
- Therapeutic diets

If you feel that your patient may be stressed while at the center, please consider dispensing oral relaxation prior to the appointment.

I have read the above statement and will contact the pet owner if necessary

With completion of the above information, the referring veterinarian consents to rehabilitation for the patient listed above. The veterinarian is aware that all therapies will be provided by or under the direct supervision of a Certified Rehabilitation Practitioner. Blue Springs Veterinary Rehabilitation Center does not solicit for or have any direct association with surrounding veterinary hospitals.