

## Veterinary Referral Form

### Veterinarian Information

Veterinarian: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_



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### Client Information

Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

### Patient Information and History

Patient Name: \_\_\_\_\_  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

### Diagnosis/Chief Complaint:

### Pertinent History/Treatments/Medications/Diagnostics:

### Rehabilitation Goals/Indications:

Completion of this form authorizes Dawgfit to evaluate and treat the above referred patient. As the referring veterinarian, you will remain the primary care provider. Clients seeking any other services will be redirected back to the referring veterinarian.

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