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# Veterinary Referral Form

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**Owners Name:**

**Address:** \_\_\_\_\_ **Contact Information (email and phone)**

\_\_\_\_\_

**Dog's Name:**

\_\_\_\_\_

**Sex:**

**Age:** \_\_\_\_\_

- Male
- Female

**Spay/Neutered:**

**Breed:** \_\_\_\_\_

- Yes
- No

**Referring Diagnosis (including history of onset and any pertinent medical history):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Surgeries and Procedures (including dates):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Diagnostics and Exam Findings (please include copies of lab results and radiographs):**

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**Medications:**

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**Precautions / Contraindications related to rehabilitation for this patient (i.e. Laser, Manual Therapy):**

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**Veterinarian's Name:**

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**Veterinarian's Signature:**

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**Clinic Name, Address & Contact information:**

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**Date:** \_\_\_\_\_

Canine Rehabilitation is not a replacement or substitute for veterinarian care, but is complementary to it .

[www.caninecentral.co.nz](http://www.caninecentral.co.nz)

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