Unit #2, 1140 Front St.
North Bay, Ontario P1B 6P2

(705) 493-0816

touchanimalrehab@gmail.com

VETERINARIAN REFERRAL FORM

**To be completed by Registered Veterinarian or Clinical Staff only*

CLIENT INFORMATION

Referring Veterinary Clinic Name *

Referring Veterinarian Name *

Client Name(s) *

Client Phone Number *

Alternate Phone Number

Client Address: Street Address

City State/Province

Zip/Postal Code

Client Email

TOUCH
Animal Rehabilitation & Canine Fitness

PET INFORMATION

Patient Name *

Species *

- Canine
- Feline

Breed
If the pet is mixed, please list any known breeds in the mix.

Age

Please Specify in Weeks, Months, or Years

Sex

- Male
- Male / Neutered
- Female
- Female / Spayed

Last Recorded Weight

Pet Notes
Behaviour, Temperament, Sensitivies, Aggression, etc..

TOUCH

Animal Rehabilitation & Canine Fitness

MEDICAL INFORMATION

Date of Most Recent Visit with Your Clinic

Diagnosis/Condition/Surgery/Treatment

Contraindications *

Please select all that apply

- ☐ Cardiac Dysfunction
- ☐ Respiratory Dysfunction
- ☐ Bleeding/Hemorrhage
- ☐ Incontinence/Diarrhea
- ☐ Open/Draining wounds or incisions
- ☐ Epilepsy
- ☐ Hypothyroidism
- ☐ Diabetes
- ☐ None of the above

Medications

Please Specify

Treatment Recommendations *

Please select all that apply.

- [ ] Hydrotherapy
- [ ] Laser Therapy
- [ ] Massage Therapy
- [ ] Therapeutic Ultrasound
- [ ] ROM / Strengthening Exercises
- [ ] All of The Above
- [ ] Other

If Other is Selected

Please Specify

Additional Notes

Health History, Owner's Goals, etc..

I, the referring Veterinarian listed on this form, hereby authorize the certified practitioners and therapists at Touch Animal Rehabilitation to perform physical rehabilitation treatments with the identified patient

- [ ] Yes