



**P.A.W.S. Rehabilitation for the Companion Animal
Veterinary Referral Form**

Client Information

Client Name: Partner Name:
Address:
Home Phone: Work Phone: Cell Phone:
Email:

Pet Information

Name:	Species:	
Date of Birth:	Breed:	Color:
Sex: M F MC FS	Weight:	

Information from Referring Veterinarian

Clinic Name:	Veterinarian Name:		
Clinic Address:			
Phone Number: Fax Number:			
E mail:			
I would like to be updated on the patient's progress via:	Email:	Fax:	Phone:

Pet Medical History

Previous Medical History:
Chronic conditions:
Presumptive diagnosis and date of injury or surgery:
Medications and supplements including dose and frequency:
Vaccination history including date of last Rabies Vaccine:

Signature of referring veterinarian: _____ Date _____

*****prior to the initial appointment, please send to P.A.W.S or send with your client: recent lab work, medical records, including surgery report, and imaging studies*****