



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

Client Information

Client Name: Spouse/Co-owners Name:
Address:
Home Phone: Work Phone: Cell Phone:
Email:

Pet Information

Name:	Species:	
Date of Birth:	Breed:	Color:
Sex: (circle) M F MN 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*****