



**P.A.W.S. Companion Animal Rehabilitation and Exercise Services
Veterinary Referral Form**

CLIENT INFORMATION			
OWNER NAME:		SPOUSE/CO-OWNER:	
ADDRESS:		CITY:	STATE: ZIP CODE:
PHONE NUMBER:	ALT. PHONE:	ALT. PHONE:	
HOME/WORK/CELL	HOME/WORK/CELL	HOME/WORK/CELL	
EMAIL ADDRESS: (PLEASE PRINT)		EMERGENCY CONTACT & PHONE NUMBER:	

PATIENT INFORMATION		
PET'S NAME:		AGE/DOB:
PLEASE CIRCLE ALL THAT APPLY: MALE - NEUTERED FEMALE - SPAYED		WEIGHT:
BREED:	SPECIES:	COLOR:

REFERRING VETERINARIAN INFORMATION			
CLINIC NAME:		VETERINARIAN NAME:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NUMBER:		FAX NUMBER:	
EMAIL ADDRESS:			

I would like to be updated on the patient's progress via: Email Fax Phone

PATIENT 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 P.A.W.S. ANY RECENT LAB WORK
AND MEDICAL RECORDS, INCLUDING SURGERY REPORTS AND IMAGING STUDIES*