

Village Veterinary Hospital  
Rehabilitation and Wellness Center



Veterinarian Referral Form		
Referring Dr. Information	Client Information	Patient Information
Name	Name	Name
Practice	Address	Date of Birth
Best Contact #	Best Contact #	Sex
Email	Email	Breed

Patient Medical Information		
Primary Diagnosis		
Prognosis		
Other Medical Conditions		
Current Medications		
Current Treatments		
Reason for Referral		
<input type="checkbox"/> Post-Operative Rehabilitation	<input type="checkbox"/> Neurological Condition	<input type="checkbox"/> Conditioning
<input type="checkbox"/> Acute Musculoskeletal or Pain Injury	<input type="checkbox"/> Arthritis/Chronic Pain	<input type="checkbox"/> Acupuncture
<input type="checkbox"/> Obesity	<input type="checkbox"/> Geriatric Supportive Care	<input type="checkbox"/> Medical Manipulation
Special Considerations/Precautions		

**The above pet has been referred to Village Veterinary Hospital for Rehabilitation, which may include laser therapy, underwater treadmill therapy, massage therapy, acupuncture, or therapeutic exercises. This client will not be accepted as a routine client of VVH for any reason other than rehabilitation. The referring doctor understands that they are in charge of any previously prescribed medications, wellness exams, sick exams, vaccines, and any emergencies that may arise.**

Thank you for entrusting us with your patient!