Animal Rehabilitation Facility
8040 Fourth Street
Dexter, MI 48130

Phone: 734-253-2722
Fax: 734-253-2736
Email:K9RehabMI@gmail.com

Patient Referral Form

Referring Information:

Doctor's Name:______________________________

Hospital: ______________________________

Address: ______________________________

City: ____________ State: ____________ Zip: ________

Client Information:

Client Name: ______________________________

Address: ______________________________

City: ____________ State: ____________ Zip: ________

Phone: ____________ Email: ____________

Patient Information:

Name: ____________ ☐ Canine ☐ Feline

Breed: ____________ Sex: ☐ Male ☐ Neutered

Rabies Vx History: ____________ ☐ Female ☐ Spayed

D.O.B. ____________

Does this patient have a history of any of the following conditions?

☐ Seizures ☐ Diabetes Mellitus ☐ Blood Disorder:__________

☐ High/Low Blood Pressure ☐ Renal Disease ☐ Skin condition:__________

☐ Heart Murmur/Arrhythmia ☐ Bloat/GDV ☐ Other:__________

History/Physical Findings: ______________________________

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Radiographs: ______________________________

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☐ Radiographs Enclosed (Disc) ☐ Radiographs Emailed ☐ Please Return Films

Current Treatments (include medications and dosages): ____________

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____

____

Diagnosis/Date and Type of Surgery (if applicable): ____________

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Special Requests/Comments: ______________________________

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Please be sure to include any surgical reports or patient discharge instructions with this report.