

Referral Form

Referring Veterinarian/Hospital: _____
Telephone #: _____ RDVM email: _____
Preferred Contact (Circle): Call/Email

Client Name: _____
Client home phone #: _____ Cell #: _____
Patient's name: _____
Species: _____ Breed: _____ Sex: _____
DOB: _____ Weight: _____ BCS: _____

Current Medications and Dose:

Patient history, diagnosis, and clinical condition:

Radiographs/Lab Work Performed:

Special Instructions/Precautions:

Referral Expectations (ie rehab, acupuncture, herbal tx, medical manipulation):

We will contact you via your preferred method following the initial evaluation.
The standard policy of Healing Hands for Pets is to send clients back to the referring veterinarian for continued care following alternative therapy procedures unless otherwise requested.

Please indicate any other/additional expectations or requests you may have of us below.

Please email this form with any labwork and radiographs:

HealingHandsPets@gmail.com