



**CANINE REHAB CLINIC**  
12295 Highway 50, Unit 10  
Bolton, ON  
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# Vet Referral Form

## WHO

Owner's Name Phone  
Address  
Dog's Name Breed  
Dog's DOB Weight  
Status Male Intact Male Neutered Female Intact Female Spayed

## BACKGROUND INFORMATION

Please provide relevant medical history, including investigations and treatment to date. Please provide diagnosis and exam findings.

Other medical issues, surgeries/procedures and dates performed.

Medications.

Please list any concerns or contraindications related to this dog undergoing treatment.

## VETERINARIAN INFORMATION

Name Today's Date  
Clinic Name Phone  
Clinic Address  
Email Signature