

St. Joe Vet Hospital Rehab Referral Form

Date _____

Referring Veterinarian _____ Practice _____

Phone _____ Fax _____ Email _____

rDVM and Practice (if different from referring veterinarian) _____

Client Information:

Client Name _____ Phone _____

Address _____

E-Mail _____

Patient Information:

Name _____ Age _____ Sex _____ Breed _____ Color _____

Primary Diagnosis:

confirmed tentative

Prognosis Offered:

Concurrent Medical Conditions:

Current Medication(s) / Treatment:

Reason for Referral:

Post Operative Rehabilitation Neurological Musculoskeletal/Arthritis Geriatric Support Care
Conditioning Obesity

Special Considerations / Precautions:

Must be up to date on vaccinations:

Date due: Rabies _____ DHPP (+/- Leptospirosis) _____ Bordetella _____

Additional Comments: _____

Veterinarian Signature _____ Date _____

The rehab exam, consult, and first round of rehab is included in the first visit. This first visit will last 1-2 hours. Our current fee is \$115.00 for the first visit.

Please fax/email any other important medical history to 812-963-5348 or stjoetvet@yahoo.com