



CANYON PET HOSPITAL

NORTHERN ARIZONA'S PREMIER VETERINARY HOSPITAL

1054 E. Old Canyon Ct. Flagstaff, AZ 86001

Phone: (928) 774-5197 Fax: (928) 774-5278

www.canyonpet.com

| | |
|--------------------|--------------------------------------|
| Client Name _____ | Contact Phone Number _____ |
| Address _____ | City _____ State _____ Zip _____ |
| Patient Name _____ | DOB _____ Sex _____ Weight _____ |
| Breed _____ | Color _____ Neutered/Spayed Yes / No |

Referring Veterinarian Please Complete the Following Form

Referring Veterinarian _____ Clinic _____

Address _____ City _____ State _____ Zip _____

Contact Phone Number _____ Ext _____ Fax _____

Rehabilitation session notes will be faxed

Reason for Referral/Working Diagnosis: _____

Patient History/Medical Conditions (Please forward pertinent test results): _____

Treatments/Medications: _____

Relevant Information Regarding This Case: _____

In the process of physical rehabilitation it sometimes becomes necessary to change, add or prescribe pain medications. Would you prefer to do that yourself, or would it be acceptable for Dr. Lisa Ethridge to do that for pain medications ONLY? _____

As the referring veterinarian, I understand that I remain the primary care provider.

Signature: _____

Date: _____