



Utah Pet Rehab & Acupuncture Center, LLC

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VETERINARIAN REFERRAL FORM

Thank you for your referral. As a referral center we strive to work closely with the referring veterinarian to achieve the best outcome for our patients. Our center's sole focus of practice is physical rehabilitation and/or acupuncture. Any ongoing medical, diagnostic, or prescription needs will be referred back to you for assessment as we do not practice general medicine. We will fax or email you the treatment plan and regular progress updates for your patients. Please feel free to contact us at anytime regarding your patient's rehabilitation program.

- Please fax this completed form to 888-401-2232, or give to your client to bring to the initial evaluation.
- Please send all relevant medical records, radiographs or other diagnostic test results with your client.

Referring Veterinarian

Date _____

Name _____ Clinic _____

Address _____ Phone _____ Fax _____

City, St, Zip _____ Email _____

Client

Name _____ Address _____

Phone (H) _____ (C) _____ City, St, Zip _____

Patient

Name _____ Date of birth _____

Species _____ Breed _____ Color _____

Gender _____ Spayed _____ Neutered _____ Last vaccination date _____

Chief complaint/Diagnosis _____ Date of onset/injury _____

History (including labwork, radiographs, previous treatments, etc.)

Current medications/supplements _____

Special instructions/desired services/precautions _____

Preferred method to receive treatment plan/updates: Fax Email Mail

____ Please send me additional referral forms (also available at www.utahpetrehab.com)

____ Please send me additional brochures.

DVM Signature _____ Date _____

