

Canine Rehabilitation Referral Form

Referral to Carrie Smith, Certified Canine Rehabilitation Therapist
Carleton Veterinary Services
2137 Roger Stevens Dr. North Gower, Ontario. K0A 2T0
(613) 489-2525 (fax) 613-489-0197

Client: _____ Phone (H) _____ (W) _____ (C) _____

Address: _____

Dog's name: _____ Breed: _____ Age: _____

Referring veterinarian Dr: _____ Clinic name: _____

Clinic address: _____ Phone #: _____ fax#: _____

Clinical condition/Reason for referral:

Date of onset/ Surgery date:

Medical history/ Concurrent problems:

Diet:

Additional comments:

D.V.M. Signature: _____

Thank you for your referral.

Please fax form to 613-489-0197 and contact Carleton Veterinary Services in order to arrange appointments for clients.