



# 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: \_\_\_\_\_