



**VETERINARY REFERRAL FORM**

**Please complete the following and return by fax or email:**

**Client first & last name:** \_\_\_\_\_

**Patient name:** \_\_\_\_\_

**Client contact phone number(s):** \_\_\_\_\_

**Client email address:** \_\_\_\_\_

**Species:** Dog or Cat      **Breed:** \_\_\_\_\_

**Sex (circle):** Male/Female    **and**    Neutered/Spayed      **Age (or date of birth):** \_\_\_\_\_

**Please indicate the primary reason for referral** (eg post-surgical rehabilitation, weight loss, sport dog or geriatric conditioning): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your clinic recommend muzzling the patient for handling or procedures**

**Please attach all relevant medical history and radiographs.**

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

\_\_\_\_\_  
**DVM Signature**

\_\_\_\_\_  
**Printed/typed name of DVM**

\_\_\_\_\_  
**Date**

**Clinic name:** \_\_\_\_\_      **Clinic phone number:** \_\_\_\_\_

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