

Pine Woods Animal Hospital

Phone: (716) 695-7836

Hospital and Wellness Center

570 East Robinson Street
North Tonawanda NY, 14120

Fax: (716) 695-7837

Surgery and Rehabilitation Center

66 Mead Street
North Tonawanda NY, 14120

Veterinary Referral Form for Physical Rehabilitation/Conditioning

Referring Veterinarian: _____ Date: _____

Referring Clinic: _____

Clinic Address: _____

Phone: (___) _____ Fax: (___) _____ Email: _____

Preferred method of correspondence Phone Email Fax Mail

Patient Information

Owner's Name: _____ Phone: (_____) _____

Owner's Address: _____

Patient's Name: _____ Age: _____ Species: _____ Weight: _____

Breed: _____ Sex: Male Female Intact Spayed/Neutered

Current on Vaccinations Yes No

*Note: Rabies, DHPPV, and Bordetella are required to participate in the In-hospital Rehabilitation Program. These need to be up to date before an appointment can be made. Exceptions may be made for patients with history of severe vaccine reactions or in immuno-compromised patients with an exemption note from the referring veterinarian.

Diagnosis/Reason for Referral: _____

Type of Surgery and Date (if applicable): _____

List of Medications: _____

Preexisting Conditions: _____

Based on exam findings, recommendations such as blood work (ex. 4DX or NSAID monitoring), radiographs, additional medications, and supplements may be recommended.

Expectations for this case:

- Consultation, Diagnostic Testing, Medical Treatment, and Rehabilitation Therapy are approved.
 Only Consultation, Supplements, and Rehabilitation Therapy are approved. Refer owner back to rDVM for other recommendations.
 Other (Please specify) _____

* Please send or fax a copy of vaccine records, recent lab work, radiographs, and pertinent patient history. Non-digital radiographs will be returned promptly.