



## Veterinarian Referral Form

Please provide the following information about yourself and the client you are referring for rehabilitation.

Sign the document and email a copy to [nicole@clowderrehab.com](mailto:nicole@clowderrehab.com)

*Optional: along with the referral, please send copies of any recent/relevant vet visits for this client to the above email address.*

### VETERINARIAN INFORMATION

Name: \_\_\_\_\_ Clinic/Hospital: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### CLIENT (OWNER) INFORMATION

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PATIENT (PET) INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
Current/active medical condition(s): \_\_\_\_\_

If this is a post-op referral, please provide information about the following:

- Type of surgery:
- Date of surgery:
- Any activity restrictions (with timeframes):

Please provide any other pertinent information about the patient:

## COMMUNICATION PREFERENCES

As part of the rehabilitation process, Dr. Nicole Kunke will contact you and/or your clinic if any concerns or issues arise.

Other than this, please indicate which documents you would like to receive regarding the patient's progress with rehabilitation (select all that apply):

- Initial Evaluation
- Every follow-up treatment session
- Re-Evaluation
- Discharge

By signing this document, you are providing a referral to Dr. Nicole Kunke at Clowder Rehab to evaluate and treat the above patient.

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**Signature of Referring Veterinarian**

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**Date**