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## VETERINARY REFERRAL CONSENT FORM

PATIENT'S NAME:

LAST NAME:

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OWNER'S NAME:

PHONE NUMBER:

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PRESENTING COMPLAINT/DIAGNOSIS/SURGERY:

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LIST OR ATTACH PATIENT REPORT/DIAGNOSTICS PERTAINING TO CONDITION:

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ADDITIONAL MEDICAL CONDITIONS/COMMENTS:

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REFERRING VETERINARIAN'S NAME:

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REFERRING VETERINARY HOSPITAL:

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By signing this document, the above veterinarian consents to rehabilitation being performed on the patient listed above. The above veterinarian is aware that all therapies will be provided and/or supervised under the direct supervision of a Certified Rehabilitation Practitioner. Four Paws does not solicit or have any association with surrounding veterinary hospitals.

VETERINARY SIGNATURE:

DATE:

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Please email consent/information to: [info@fourpawsrehab.ca](mailto:info@fourpawsrehab.ca)