

## Veterinary Rehabilitation & Hydro Therapy Referral Form

### Referring Veterinarian

Name	Clinic
Phone	Address
Fax	Address 2
Email	State/City/Zip
How would you prefer to be contacted?	
Email	
Fax	
Mail	

### Client

Name	Address
Home Phone	Address 2
Cell Phone	State/City/Zip

### Pet's Health History

Pet's Name	Date of Birth
Type of Animal	<input checked="" type="radio"/> Dog <input type="radio"/> Cat
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Neutered <input type="radio"/> Female <input type="radio"/> Neutered
Breed	

Reason for referral:

Concurrent medications:

Sending with Patient:  Recent Labs  X-rays  None

Referring Veterinarian Signature:

**Please note:** Completion of this form authorizes IAHC to evaluate and treat this rehabilitation patient. Clients seeking any other services will be redirected to the referring doctor.  
*Thank you.*

IAHC  
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