NIAGARA
CANINE CONDITIONING CENTRE

# Referral Form

## Referring Clinic Information

Clinic: _____ Referring DVM: _____

Email: _____ Phone#: _____ Fax: _____

## Client Information

Name: _____ Phone #: _____

Address: _____ Alt Phone#: _____

City: _____ Email: _____

Postal Code: _____

## Patient Information

Name: _____ Age: _____

Breed: _____ Weight (kg): _____

Status: ☐ Male Intact ☐ Male Neutered ☐ Female Intact ☐ Female Spayed

Date of last Rabies vaccine:_____ ☐ 1 Year ☐ 3 Years

## Further Information

History: _____

_____

_____

_____

_____

NIAGARA

# CANINE CONDITIONING CENTRE

Exam Findings: _____

_____

_____

_____

Other Medical Issues: _____

_____

Diagnostic Findings: _____

_____

Current Meds: _____

_____

Current Diet: _____

_____

Surgical Procedure(s): _____

_____

Diagnosis: _____

_____

Please send copies of all lab results and radiographs.