



A Dog's Comfort

Rehabilitation Therapy by Charlotte, RVT, CCRP

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adogscomfort.ca

Referral Form

DVM/Client Information

Referring Clinic & DVM:

Phone:

Client:

Phone:

Address:

Patient Information

Patient:

Breed:

DOB:

Sex: M MN F FS

Age:

Weight:

Patient History/Reason for Referral

Surgeries/Diagnostics/Procedures Performed and Dates

Medications/Supplements

Concerns/Contraindications to Rehabilitation

Veterinarian's Signature:

Date:

Charlotte M Hogan, RVT, CCRP
519-365-9974