



CALIFORNIA • ANIMAL • REHABILITATION

3200 Olympic Boulevard
 Santa Monica, CA 90404
 T: (310) 998-CARE (2273)
 F: (310) 998-2274

www.CalAnimalRehab.com

California Animal Rehabilitation Veterinary Referral Form

Client Information

Client Name:
Partner Name:
Address:
Home Phone:
Work Phone:
Cell Phone:
Email:

Pet Information

Name:	Species:	
Date of Birth:	Breed:	Color:
Sex: M F MC FS	Weight:	

Information from Referring Veterinarian

Clinic Name:	Veterinarian Name:
Clinic Address:	
Phone Number:	
Fax Number:	
E mail:	
I would like to be updated on the patient's progress via: Email: Fax: Phone:	

Pet Medical History

Previous Medical History:
Chronic conditions:
Presumptive diagnosis and date of injury or surgery:
Medications and supplements including dose and frequency:
Vaccination history including date of last Rabies Vaccine:

Signature of referring veterinarian: _____ Date _____

****prior to the initial appointment, please send to CARE or send with your client: recent lab work, medical records, including surgery report, and imaging studies****

Come Stay Heal