



T: 403-527-1825
F:403-526-1091
careteam@cypressviewvet.ca

Cypress View Veterinary Clinic

2458 9th Ave SW
Medicine Hat, Ab
T1B4N7

DATE OF REFERRAL:

Click or tap here to enter text.

APPOINTMENT REQUEST:

NEXT AVAILABLE APPOINTMENT:

URGENT (1-2 DAYS)

LOW LEVEL LASER THERAPY ONLY (**Note laser therapy is contraindicated in patients with neoplastic processes past or present)

UNDERWATER TREADMILL ONLY COMPLETE REHABILITATION THERAPY

REFERRING VETERINARIAN INFORMATION

Referring Hospital:Click or tap here to enter text. Veterinarian:Click or tap here to enter text.

Phone: Click or tap here to enter text.

Daytime:Click or tap here to enter text.

Fax: Click or tap here to enter text.

Email:Click or tap here to enter text.

I, the undersigned, hereby confirm that to the best of my knowledge, the patient being referred does not have any past or present neoplastic processes Click or tap here to enter text.

If the patient being referred has had previous neoplasia, please alert us in the history below as laser is contraindicated in these patients

CLIENT AND PATIENT INFORMATION

Client Name: (first) Click or tap here to enter text. (Last)Click or tap here to enter text.

Address:Click or tap here to enter text.

Phone: (h)Click or tap here to enter text.

(w)Click or tap here to enter text.

(c)Click or tap here to enter text.

E-mail:Click or tap here to enter text.

Patient: Click or tap here to enter text.

Species:Click or tap here to enter text.

Breed: Click or tap here to enter text.

Age:Click or tap here to enter text.Sex:Click or tap here to enter text.

TENTATIVE DIAGNOSIS/CHIEF COMPLAINT

HISTORY/PHYSICAL EXAM



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MEDICATIONS/SUPPLEMENTS PRESCRIBED/GIVEN

RADIOGRAPHS TAKEN: Yes No **SENT TO US VIA EMAIL:**

ADDITIONAL INFORMATION/COMMENTS