



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

**Cypress View Veterinary Clinic**

2458 9<sup>th</sup> Ave SW  
Medicine Hat, Ab  
T1B4N7

**DATE OF REFERRAL:**

**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 – Please call for more information COMPLETE REHABILITATION THERAPY  SURGICAL CONSULT

**REFERRING VETERINARIAN INFORMATION**

Referring Hospital:

Veterinarian:

Phone:

Daytime:

Fax:

Email:

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 :

Signature of Veterinarian \_\_\_\_\_

*\*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)

(Last)

Address:

Phone: (h)

(w)

(c)

E-mail:

Patient:

Species:

Breed:

Age:

Sex:

**TENTATIVE DIAGNOSIS/CHIEF COMPLAINT**



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**HISTORY/PHYSICAL EXAM**

**MEDICATIONS/SUPPLEMENTS PRESCRIBED/GIVEN**

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

**ADDITIONAL INFORMATION/COMMENTS**