



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

Cypress View Veterinary Clinic

2458 9th Ave SW
Medicine Hat, AB
T1A8P3

DATE OF REFERRAL:

APPOINTMENT REQUEST:

NEXT AVAILABLE APPOINTMENT:

URGENT (1-2 DAYS)

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

COMPLETE REHABILITATION THERAPY

UNDERWATER TREADMILL *Please call for more information*

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: (Home)

(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