



Date: _____

Referring Veterinarian

Name _____

Hospital: Address _____

Phone _____

Email _____

Client and Patient Information

Name _____

Address _____

Phone _____

Email _____

Pet's Name _____ Birthdate _____

Breed _____ Sex _____

Reason for referral:

Pertinent medical history (include surgeries, medications, pre-existing conditions, etc.):

Related diagnostics/blood work & results (please email lab results and images):

Additional information (allergies, temperament, unrelated conditions, etc.):

DVM Signature _____

Integrative Veterinarian offers holistic veterinary services, animal rehabilitation and fitness. Our goal is to work with primary care veterinarians to find the right blend of traditional and complementary therapies to enhance the health and well-being of our patients.