



# Rehabilitation Referral Form

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[www.pekinveterinaryclinic.com](http://www.pekinveterinaryclinic.com)

Date: \_\_\_\_\_

## Referring Veterinarian

Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

## Client

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Pet's Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

## Reason for Referral:

**Medical History:** (Include duration of condition, surgeries, past/present medications and results of therapy, etc)

**Related Diagnostics & Results:** (please attach lab results and related records)

**Additional Information:** (Allergies, pre existing/unrelated conditions, etc)

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DVM Signature: \_\_\_\_\_ Date: \_\_\_\_\_