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Atlas Rehabilitation for Canines (ARC) Veterinary Referral Form

Pet Information

Name:	Species:		
Date of Birth/Age:	Breed:	Color:	
Sex: M F MN FS	Weight:		

Client Information

Client Name:
Client Phone Number(s): Home: Work/Cell:
Email:

Pet Medical History **Please provide via fax any recent lab work, surgical reports, medical records, and/or imaging diagnostics prior to the initial rehabilitation appointment.**

Previous Medical History:
Presumptive Diagnosis and Date of Injury/Surgery (please include any chronic conditions):
Current Medications and Supplements (please include dose and frequency):
Contraindications/Precautions for Rehabilitation Therapy:
Referring Veterinarian's goals for Rehabilitation Therapy:

Referring Veterinarian Information

Clinic Name:	Email:
Please circle the method of communication you prefer for updates on progress:	Email Fax Phone
Veterinarian Name:	Veterinarian Signature: Date: