



DATE: _____

Alternative Therapy Referral Form

Complete the alternative therapy referral form below or online at towncentrevet.ca/forms.

NOTE: All referrals require medical records be faxed or emailed to Town Centre Veterinary Hospital prior to the client's first appointment.

f 780.461.4775 | pet.care@towncentrevet.ca

All Acupuncture referrals require a complete physical examination prior to the first acupuncture treatment. X-rays, blood work, or other diagnostic tests may be required depending on the condition being treated and on what has already been performed at the referring clinic. Please fax all results prior to the client's first visit.

All chiropractic/manual therapy referrals will require a complete physical examination and possibly x-rays at TCVH prior to the first chiropractic assessment. If x-rays have already been taken at your hospital, please send them with your client or email so we can review them at or prior to the initial assessment.

All massage therapy referrals will require a physical examination at TCVH prior to the first massage session, but x-rays are not necessary.

REFERRAL INFORMATION

Veterinarian *

Hospital/Clinic *

Hospital/Clinic Email

OWNER INFORMATION

Owner *

First + Last Name

Address 1

Address 2

City

Province

Postal Code

Country

Phone *

Alternate Phone

PET INFORMATION

Pet's Name

Species *

Breed

Colour

Weight

Birthdate

MM | DD | YYYY

Sex

Male Female

Spayed/Neutered

Yes No

Requested Treatment

- Acupuncture
- Chiropractic/Manual Therapy
- Massage Therapy
- Laser Therapy

Diagnosis/Medical History

Previous Surgeries/Procedures/Injuries

Medications

