



22525 IH35 N ~ New Braunfels, Texas 78132
210.874.2727 / appointment@allurepetspecialists.com

Referral for Rehabilitation Services

Owner's name: _____

Pet's name: _____

Owner's phone number: _____

Referring Veterinarian: _____

Phone number: _____ Email: _____

This patient is referred for (please check all desired services):

Rehabilitation

Diagnosis: _____

Weight loss

Fitness/conditioning

Precautions / Special Considerations: _____

In accordance with the Texas Veterinary Board Rules, as the supervising Veterinarian, I have established a valid veterinarian /client/ patient relationship and determined that rehabilitation will not likely be harmful to the patient.

Referring Veterinarian's signature

Date

**Please provide radiographs, operative reports, medical history /notes, and any other pertinent information via email to the address above. **

Thank you for this referral! Please do not hesitate to call with any questions or concerns. Owners may call the phone number above to schedule their first appointment. We will send a referral letter to you summarizing the patient's plan after the consultation with our therapist.