



Loving Touch Animal Center
1975 Glenn Club Drive
Stone Mountain, GA 30087
Phone: 770-498-5956
Fax: 770-498-3458
Email: info@lovingtouchac.com

Loving Touch Animal Center Rehabilitation Referral Form

Date:

Referring Clinic's Name:

Referring Veterinarian:

Clinic's Phone:

Fax:

Email:

Client's Name:

Phone:

Patient's Name:

Breed:

Weight:

Age (yrs.):

Sex:

Patient's temperament:

Good

Use Caution

Will Bite

Rabies vaccine exp.

Primary complaint/issue:

Pertinent medical/surgical history, including clinical exam findings:

Diagnostics performed at clinic (select all that apply):

Imaging

Bloodwork

Biopsy/Histopathology/Cytology

Please email or fax any relevant medical records, including diagnostic imaging to our office.

Precautions/Contraindications for rehabilitation therapy:

Current medications/supplements:

Any other pertinent information:

Thank you for your referral. Any non-rehabilitation-related problems or questions will be directed to your clinic, unless otherwise requested. Please have the owner contact our office to set up the initial rehabilitation consultation appointment.