



Veterinary Rehab & Conditioning Center
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Veterinary Referral Form

Client Information

Client's Name: _____

Address: _____

Phone: _____ Alternate Phone: _____

Pet Information

Name: _____ Breed: _____

Color: _____ Age: _____

Date of Birth: _____ Sex: Male _____ Female _____

Spay/Neuter: Yes _____ No _____

Referring Veterinarian

Name: _____ Clinic _____

Phone: _____ Address: _____

Email Address: _____ City, Zip _____

Fax Number: _____

Preferred method to receive patient progress updates: Email _____ Fax: _____ Phone: _____

Pet Medical History

This patient is referred for (please check one):

Rehabilitation Diagnosis: _____

Weight Loss

Fitness/Conditioning

Precautions/Special Considerations: _____

Recent Medical History: _____

Current Medications and supplements: _____

Is patient current on vaccines?: Yes No

Thank you for the referral! Please send medical records including surgery report, imaging studies, and recent lab work prior to the initial appointment

VRCC is a treatment center focusing on pain management, animal rehabilitation, and fitness. Our patients return to their primary care veterinarian for primary care.