



## OVC Fitness and Rehabilitation Service (FAR) Patient Referral

### REFERRAL INFORMATION

<b>REFERRING CLINICIAN:</b>	<b>EMAIL:</b>	<b>CONTACT #:</b>	
		<b>FAX#:</b>	
<b>PRIMARY CARE DVM: (if different from above)</b>	<b>EMAIL:</b>	<b>CONTACT#:</b>	
		<b>FAX#:</b>	
<b>OWNER'S NAME:</b>		<b>CONTACT #:</b>	
<b>PATIENT'S NAME :</b>	<b>BREED:</b>	<b>DOB:</b>	<b>SEX:</b>
<b>CHIEF COMPLAINT OR DIAGNOSIS:</b>			
<b>HISTORY AND PHYSICAL EXAM FINDINGS:</b>			
<p><b>RADIOGRAPHS TAKEN: YES NO                      RADIOGRAPHS INCLUDED: YES NO</b></p>			
<p><b>DIAGNOSTIC TESTS PERFORMED:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> CBC</li> <li><input type="radio"/> Chemistry panel</li> <li><input type="radio"/> Urinalysis</li> <li><input type="radio"/> EMG</li> <li><input type="radio"/> Biopsy</li> <li><input type="radio"/> Other: _____</li> </ul>			
<b>TEST RESULTS ATTACHED?: YES NO</b>			

**OTHER CURRENT HEALTH PROBLEMS OR DIAGNOSIS:**

- 1.
- 2.
- 3.
- 4.

**CURRENT VACCINATION STATUS:**

**LAST RABIES VACCINE:**

**LAST DH2PPV VACCINE:**

**CURRENT THERAPY & MEDICATION(S)/SUPPLEMENTS:**

**SPECIAL REQUESTS / COMMENTS:**

**IF THE FOLLOWING ARE RECOMMENDED BY THE FAR TEAM, PLEASE INDICATE IF FAR TEAM CAN DISPENSE ON A SHORT TERM BASIS. IF BOXES ARE LEFT UNCHECKED, THE CLIENT WILL BE DIRECTED TO THEIR FAMILY VETERINARIAN TO REQUEST THESE ITEMS.**

- PAIN MEDICATION (AS NEEDED)**
- NUTRITIONAL SUPPLEMENTS**
- PRESCRIPTION DIETS**

**VETERINARIAN NAME:**

**SIGNATURE:**

**DATE:**

**CORRESPONDENCE REQUESTED VIA EMAIL, TELEPHONE, or FAX.** \_\_\_\_\_

**Tiffany Durzi, DVM, CVA, CCRP, CCRT, ABVP (canine/feline)**  
**Charlotte Donohoe, RVT, CCRP**  
**Jacy Erling, RVT, CCRP**

**Alicia Lorch, RVT, CCRA pending**

**Kayla Malleck, RVT**

**519-840-0100**

**ovchscfar@uoguelph.ca**

**Fitness and Rehabilitation Service (FAR)**

**Health Sciences Centre**

**Ontario Veterinary College, University of Guelph**

**Guelph, Ontario, Canada**

**N1G 2W1**