



# Patient Referral Form

2704 W Michigan St  
Duluth, MN 55806

218-481-7373  
info@balancedpaws.vet

By Appointment Only: 9:00am-4:00pm (M, T, Th, Fr)

## Referring Veterinarian Information

Date		Hospital Name	
Veterinarian Name			
Address			
City		ZIP	
Phone		Email	

## Client Information

Name			
Address			
City		ZIP	
Phone		Email	

## Patient Information

Name			
Species		Breed	
Age/D.O.B.		Sex/Altered	
Weight		Temperament	

Presenting Complaint	
History	
Describe how the patient has responded to any therapies at this time.	
As the referring veterinarian, my expectations for this case are as follows:	

	Yes	No
1.) Is the patient currently on medications/supplements? (Fill in table below if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
2.) Has the patient had diagnostics performed, including lab work or radiographs? (If yes, please send to info@balancedpaws.vet)	<input type="checkbox"/>	<input type="checkbox"/>
3.) Has the patient had any recent surgery? (Please describe if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
4.) Has the patient received any rehabilitation or acupuncture treatment before? (Please describe if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

Current Medications and Supplements			
1.)		4.)	
2.)		5.)	
3.)		6.)	

We will reach out to the client once this form is received and schedule an initial consultation. Please send this form to info@balancedpaws.vet, or the client can request an appointment online.

In recognition of changes in patient condition, doctor's evaluation, and client wishes, *Balanced Paws* reserves the right to change therapeutic plans for any patient when good clinical judgment dictates, though we will inform you of any of these changes or recommendations.

**Thank you for your referral!**

**We will communicate with you on a regular basis about your patient's care.**