Phone: (204) 452-0911

Fax: (204) 269-9031

info@bridgwatervethospital.ca

100-350 North Town Rd

Rehabilitation Referral Form

Referring Clinic Information

Date of Referral:

**REGULAR CLINIC:**

Client Information

Client Name(s):

Primary Phone Number:

Additional Phone Numbers:

Client Address:

Postal Code:

Client Email:

Patient Information

Patient Name:

Patient Breed:

Patient Age:

Patient Species:

Patient Sex:

Spayed or Neutered:

History

Presenting Concern:

Needed bladder expressed

Previous Medical Concerns:

Current Medications:

Please attach recent radiographs

All medical files will be emailed to patient’s regular clinic upon completion of appointment.
STF 󠆄

 **I have informed that client that there is a $60 cancellation fee for any cancellations with less than 24 hours’ notice.**