



Healing Hands

Veterinary Hospital

15503 Babcock Rd. Suite 4 San Antonio, Tx 78255
210-372-9955 / healinghandsvh@gmail.com

Referral for Rehabilitation Services

Owner's name: _____

Pet's name: _____

Owner's phone number: _____

Referring Veterinarian: _____

Phone number: _____ Email: _____

This patient is referred for (please check all desired services):

___ Rehabilitation

Diagnosis: _____

___ Weight loss

___ Fitness/conditioning

Precautions / Special Considerations: _____

In accordance with the Texas Veterinary Board Rules, as the referring Veterinarian, I have established a valid veterinarian /client/ patient relationship and determined that rehabilitation will not likely be harmful to the patient.

Referring Veterinarian's signature

Date

**Please provide radiographs, operative reports, medical history /notes, and any other pertinent information via email to the address above. **

Thank you for this referral!

Please do not hesitate to call with any questions or concerns. Owners may call the phone number above to schedule their first appointment.