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VETERINARY REFERRAL & CLINICAL INFORMATION FORM

Please complete relevant sections

1. PATIENT & GUARDIAN

Dog's name	Date of birth / age	Breed
Guardian's name	Phone	Email
Sex M / F	Desexed Yes / No	Current weight

2. REFERRING VETERINARIAN

Veterinarian	Clinic	Phone / email
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3. REFERRAL & CLINICAL INFORMATION

Reason for referral / desired outcomes

Relevant diagnosis, medical or surgical history, and current clinical concerns

Current medications / supplements	Relevant investigations / reports attached
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4. TREATMENT CONSIDERATIONS

Please identify relevant precautions or areas requiring modification:

No known precautions	Pain / handling sensitivity	Recent surgery or unstable injury	Neurological concerns
Cardiac / respiratory	Cancer / tumour history	Skin condition / infection	Other

Areas to avoid, treatment limitations or additional instructions

5. VETERINARY REFERRAL

I am referring this patient to Dogs Dig It - Canine Holistic Therapies.
Please contact me before the first appointment Please provide a brief progress update

Veterinarian's signature	Date
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GUARDIAN CONSENT: I authorise the clinic to share relevant clinical information with Dogs Dig It and permit Dogs Dig It to communicate with my veterinarian about my dog's care.

Guardian's signature	Date
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Once completed, please email this form to info@dogsdigit.com.au.

Dogs Dig It supports mobility, rehabilitation, relaxation and wellbeing and does not replace veterinary assessment, diagnosis or treatment. Any new or worsening clinical signs will be referred to the treating veterinarian.