

Hillside Veterinary Hospital

1700 Kings Road
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Victoria, B.C. V8R 2P1



Telephone (250) 598-4477

Fax (250) 598-7740

email rehabilitation@hillsidevethospital.com

website: www.hillsidevethospital.com

Referral Form- Canine/Feline Rehabilitation

Dr Sylvie Abrioux & Dr Glynis Newman

Date: _____

- Mobility Assessment/Rehabilitation – General/Lameness
- Mobility Assessment/Post Surgical Rehabilitation
- Mobility Assessment/Conditioning/Sporting
- Mobility Assessment/Rehabilitation - Neurologic
- Acupuncture – Dr. Chan

Referring Veterinarian/Hospital: _____ Regular DVM: _____

Phone: _____ Fax: _____

Client: _____
Address: _____
Postal Code: _____
Home Phone # _____
Work Phone # _____
Cell Phone # _____

Patient: _____
Species: _____ Breed: _____
Colour: _____
Sex: _____ Birth date: _____
Medical conditions: _____

Primary Concern: _____ Urgent? _____

*Please inform client that all medical conditions other than rehabilitation will be referred back to their regular veterinarian.

Recent Radiographs? _____ Sent _____ To follow _____ Required _____

Recent Laboratory? _____

Surgical and/or other procedures performed (include dates):

Injury Summary (**please attach relevant medical records**):

Current Medications: _____

Current Supplements: _____

Any Concerns or Contraindications to Rehabilitation: _____

Please Note: History and medical records are required before an appointment may be booked

Please Fax completed form to: (250) 598-7740